



Public Services Department Electronic Billing Application

Customer Name: _____
(Please Print)

Service Address: _____

Water/Sewer Account Number: _____ - _____ - _____

Service Mailing Address (if different): _____

Email Address: _____

Phone Number: _____

I authorize Grand Haven Charter Township to send my Water/Sewer bill electronically to the email address listed above. I understand that a paper bill will no longer be mailed to the service mailing address. I also understand that if I decide to discontinue the electronic billing service, I must notify Grand Haven Charter Township two (2) weeks prior to the mailing of the next bill.

Signature: _____ Date: _____

You will receive a confirmation email once the Township receives your request. You must reply to that email to ensure that you are registered to receive electronic utility bills.

This signed form may be scanned and emailed to utilitybilling@ght.org or mailed to:

Grand Haven Charter Township
Utility Billing
13300 168th Avenue
Grand Haven, MI 49417