



City of Brighton

"Providing Quality Service"

UTILITY BILLING CUSTOMER INFORMATION FORM

Please return form: Fax: 810.227.6420

Email: curetond@brightoncity.org

Mail: 200 N. First St, Brighton, MI 48116

IF NOT RETURNING THIS FORM IN PERSON, PLEASE INCLUDE A COPY OF YOUR APPROVED ID

Owner Information:

Owner Name - _____

Property Address - _____

Mailing Address - _____

Owner Phone Number - _____

Owner Fax Number - _____

Owner Email Address - _____

Owner Approved ID # - _____

Circle one

Driver License

State Issued ID

Military ID

Do you have a tenant? Yes _____ No _____

Is your tenant responsible for the payment of the City's utility bill?

Yes _____ No _____

Tenant Information:

Tenant Name- _____

Tenant Phone Number - _____

Tenant Fax Number - _____

Tenant Email Address - _____

Tenant Approved ID # - _____

Circle one

Driver License

State Issued ID

Military ID

Owner's Signature

Date

Tenant's Signature

Date

City Use Only- Received By _____

Date Received _____