

CUSTOMER REQUEST TO WATER & SEWER BOARD

Date: _____

To: City of Livonia Water & Sewer Board
c/o Mrs. Jill Russell
12973 Farmington Road
Livonia, MI 48150 or fax to: 734/466-2660
or email jrussell@ci.livonia.mi.us

From: _____

Name: _____

Address: _____

City, State, Zip: _____

Phone #: _____

Regarding: _____

Account #: _____

Service Address: _____

REQUEST: Please state your request and the reason for the request.

If you are requesting extended time to pay, please indicate the number of months needed to pay the entire account balance in full. I am requesting _____ months.

I am the owner _____ of the property/I am the leasee of the property _____

Thank you,

Signature

Printed Name

Email address

Note: You will be notified in writing of the date your request will be heard by the Water & Sewer Board. If you do not receive a confirmation letter within two weeks, please call 734-466-2610.