



AFFIDAVIT OF LESSEE RESPONSIBILITY FOR WATER & SEWER BILLS

In Accordance With City of Warren Code of Ordinances

Chapter 41 Article II Section 41 – 182

- For Proper Filing, This Form Must:**
- Be Fully Completed and Signed By Both Landlord(s) and Tenant(s)
  - Have All Signatures Notarized
  - Include a Copy of Lease Agreement
  - Include a Definite Lease Expiration Date
  - Tenant must appear in person at Water Accounting Dept with Driver's License or State ID
  - Be Accompanied By a Security Deposit\*

A New LTA Must Be Filed Upon Expiration of LTA or Change of Occupant

Service Address: \_\_\_\_\_

LTA Expiration: \_\_\_\_\_

Lease Expiration: \_\_\_\_\_

Name of Lessor: \_\_\_\_\_

Address of Lessor: \_\_\_\_\_

Lessor Phone No: \_\_\_\_\_

Name of Lessee: \_\_\_\_\_

Lessee Phone No: \_\_\_\_\_

Lessee Social Security No: \_\_\_\_\_

Lessee Driver's License No: \_\_\_\_\_

Lessee Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Phone No: \_\_\_\_\_

*\*Customer Service Personnel Can Provide You With Proper Security Deposit Data  
Please Call (586) 759-9200 for Further Information.*

Lessor Signature: \_\_\_\_\_

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Notary Public \_\_\_\_\_ County, MI

Commission Expires \_\_\_\_\_

Lessee Signature: \_\_\_\_\_

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Notary Public \_\_\_\_\_ County, MI

Commission Expires \_\_\_\_\_

<u>Water Department Use Only</u>	
Service Account No:	_____
(Last 12 Months Billing/12)*6:	\$ _____
Time Period Covered by Above:	_____
Security Deposit Collected:	\$ _____
Date Collected:	_____
Initials of Customer service Personnel:	_____