

LIEN WAIVER

City of Gladstone
1100 Delta Avenue
Gladstone, MI 49837

RESPONSIBILITY FOR PAYMENT OF UTILITY CHARGES

Electric, Water, Wastewater, Solid Waste

Tenant (Customer) Name: _____

Service Address: _____

Account Number: _____

Owner Name: _____

Owner Mailing Address: _____

Owner Phone No: _____ Tenant Phone No: _____

I, the tenant at the above service address have agreed with the owner that I will be solely responsible for the payment of all utility charges and provide this as written notice of such to the City of Gladstone in accordance with The Revenue Bond Act 141.121 Section 21 (3) ;...when a tenant is responsible for the payment of the charges and the governing body is so notified in writing, the notice to include a copy of the lease of the affected premises, if there is one, then the charges shall not become a lien against the premises after the date of the notice.

True copy of any written lease must be attached.

Tenant Signature

Date

Owner Signature

Date

This must be an original document. Copies or facsimiles will not be accepted.

To be completed by City of Gladstone

Date Received _____

Date Approved _____

AUTHORIZATION TO RELEASE PERSONAL AND ACCOUNT INFORMATION

I hereby authorize the City of Gladstone to release any and all of my account and personal information, including but not limited to my forwarding address, to the landlord identified below and I agree to indemnify and hold harmless any entity that releases this information upon receipt of a signed copy of this authorization form.

Signature of Renter/Tenant Signature of Witness

Date Date

Name of Landlord: _____

Address of Landlord: _____

Phone Number of Landlord: _____

This form must accompany any requests by landlord on a tenant utility account. The City will file each authorization form as presented. A new authorization must accompany each request.

PLEASE DO NOT SEND THIS FORM WITH YOUR LEASE INFORMATION. HOLD IN YOUR RECORDS UNTIL NEEDED.

To be completed by the City of Gladstone

Date received _____

Employee providing requested information _____

Information request: _____
