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Monday 9am-4pm Tuesday 9am-4pm Wednesday 9am-6pm Thursday 9am-4pm Friday Closed

REQUEST FOR FINAL UTILITY BILL

THIS FORM MUST BE RETURNED BEFORE A FINAL BILL WILL BE ISSUED

FINAL READ DATE: _____ CLOSING DATE: _____

CURRENT OWNER: _____

PROPERTY ADDRESS: _____

NAME OF PERSON REQUESTING FINAL READ: _____

NAME OF FIRM REPRESENTING: _____

CONTACT NUMBER: _____ FAX NUMBER: _____

ADDRESS WHERE TO SEND THE FINAL BILL: _____

SIGNATURE: _____ DATE: _____

**** ONCE YOU RECEIVE THE FINAL BILL, YOU HAVE 3 WEEKS TO SUBMIT
PAYMENT. ANY BILLS LEFT UNPAID WILL BE ADDED TO THE PROPERTY
OWNER'S SUMMER VILLAGE TAX****

NEW OCCUPANT INFORMATION

NAME: _____

MAILING ADDRESS: _____

PHONE NUMBER: _____