



# CHARTER TOWNSHIP OF COMSTOCK

WATER SERVICE CONNECTION APPLICATION  
(WATER MAIN TAP & CURB BOX ONLY)

\_\_\_\_\_  
Applicants Name

\_\_\_\_\_  
Parcel Identification Number

\_\_\_\_\_  
Applicants Address

\_\_\_\_\_  
Service/Property Address

\_\_\_\_\_  
Owners Name (if not Applicant)

\_\_\_\_\_  
Owners Address (if not same as above)

\_\_\_\_\_  
Contact Person

\_\_\_\_\_  
Contact Person's Phone Number

Application is hereby made for a water service connection at the property indicated above.

\*I understand that any Township assessments that may be due for this property must be paid to the Township Treasurer prior to application approval.

The approved application along with an authorization to connect must be taken to the City of Kalamazoo Treasurer's office to request a new service installation. See back page for more information.

\_\_\_\_\_  
**Application Accepted By**

\_\_\_\_\_  
**Signature of Applicant**

**Date:** \_\_\_\_\_

**Date:** \_\_\_\_\_

\*If an assessment is due, the Township will complete the following information:

**Assessment Amount:** \_\_\_\_\_

**Paid In Full**  **Contract**

**Payment/Contract Date:** \_\_\_\_\_

**Check #:** \_\_\_\_\_ **Initials:** \_\_\_\_\_

**Copies to:** Applicant  
Township Treasurer (Original for file)  
Planning & Zoning Administrator (new construction only)  
Assessor

(Revised: 04/2019)