



**City of Kingsford**  
New Build/Service

**Customer/Business Information - Fill this section out completely & sign**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Business Name: \_\_\_\_\_  
Billing Address: \_\_\_\_\_  
Street, City, State & Zipcode  
Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_  
Invoice Delivery Method: Email \_\_\_\_\_ Regular Mail \_\_\_\_\_

*Turn in signed & completed form to the assessor at  
the Kingsford City Hall located at 305 S Carpenter Ave.  
Kingsford, MI 49802 or via email to  
assessor@kingsfordmi.gov*

Customer/Representative Signature: \_\_\_\_\_ Date \_\_\_\_\_

**Internal Use Only - Assessing Dept.**

Legal Description: \_\_\_\_\_  
Parcel ID: \_\_\_\_\_  
NEW Address: \_\_\_\_\_

<b>Water/Sewer Permit Section - Dept. of Public Works</b>		<b>Cost</b>
<b>Water Permit</b>	<b>Water Permit #</b>	
<b>Sewer Permit</b>	<b>Sewer Permit #</b>	
<b>Meter Type</b>		<b>Cost</b>
3/4" Water Meter		
1" Water Meter		
1 1/2" Water Meter		
2" Water Meter		
3" Water Meter		
4" Water Meter		
<b>Added Charges</b>		<b>Cost</b>

MR Invoice# & Date: \_\_\_\_\_ Subtotal: \_\_\_\_\_  
Payment Rec'd Date: \_\_\_\_\_ 10% Admin Fee: \_\_\_\_\_  
Work Order Sent Date: \_\_\_\_\_ Total to Bill: \_\_\_\_\_  
Work Order Completed: \_\_\_\_\_

**THE ACCOUNT & SERVICES WILL NOT BE ACTIVATED/CONNECTED UNTIL PAYMENT IS MADE IN FULL**

**City of Kingsford**

305 South Carpenter Avenue

Kingsford, MI 49802

**THIS INSTITUTION IS AN EQUAL OPPORTUNITY PROVIDER AND EMPLOYER**