

**AFFIDAVIT OF TENANT RESPONSIBILITY FOR CITY OF DOWAGIAC UTILITY CHARGES  
AND THIRD PARTY AUTHORIZATION FORM**

\_\_\_\_\_, being duly sworn, deposes and says:  
(Property Owner Name)

1. That the undersigned is the owner and/or authorized representative of the owner of certain property situated in the City of Dowagiac (City), County of Cass, and State of Michigan, as more fully described in the **attached Lease Agreement**, service address:

\_\_\_\_\_  
(Service Address, City, State, Zip)

2. That the undersigned makes this Affidavit pursuant to the provisions of Section 21 of the Revenue Bond Act of 1933, 1933 PA 94, MCL 141.121, Section 5 of the Municipal Water Liens Act, 1939 PA 178, MLC 123.165, Section 4-j of the Home Rule City Act, 1909 PA 279, MCL 117.4-j and CHAPTER 82 UTILITIES, Section 82-12(a) and Section 82-24(b) of the Dowagiac City Code;

3. That the undersigned hereby confirms and represents, upon oath, that the real property described in the attached Lease Agreement is subject to a legally-executed lease containing a provision that the leasee shall be liable for payment of City utility bills as therein provided; further, that the name(s) and mailing address(es) of **all known occupants** are:

\_\_\_\_\_  
A copy of the subject lease is attached hereto, incorporated herein by reference, and designated Appendix A.

4. That, by the filing of this Affidavit, and receipt by the City of a completed deposit card, cash deposit, and photo ID from the tenant, the undersigned acknowledges that any City utility charges incurred for services beginning on the first day of the billing cycle following the filing of this Affidavit with the City shall not be subject to a lien against said premises as authorized by the authority identified in paragraph 2 hereof;

5. That, by execution of this Affidavit, Affiant agrees to file with the City Utility Department written notice of any cancellation, change in, or termination of the attached Lease. Said written notice shall be filed not less than 20 days before the effective date of any such cancellation, change, or termination unless the facts giving rise to such event shall not be known to the landlord at least twenty (20) days in advance, in which event such notice shall be given and provided within 48 hours following such knowledge by the landlord;

6. That the undersigned further acknowledges and agrees that any City utility charges incurred from and after the effective date of any cancellation, change, or termination of the Lease shall constitute a lien against said premises as authorized by the authority identified in paragraph 2 hereof regardless of whether or when such notice of cancellation, change or termination is actually filed as required by the provisions of the immediately preceding paragraph.

7. I acknowledge it's my responsibility as the landlord/authorization representative to verify the tenant has completed the deposit card, paid a cash deposit, has provided the City with a photo ID, and completed the third party authorization section of this form in order for this premises to not be subject to a lien.

8. I acknowledge and understand that in order for the City Utility Department to release the tenant's account information to me, the tenant must complete the third party authorization section of this form.

9. If authorized, please send my copy of disconnect notices for the premises to the following location:

Email: \_\_\_\_\_

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

I acknowledge and understand that my failure to receive a copy of the disconnect notice shall not impair the City's rights under the authority identified in paragraph 2 hereof.

\_\_\_\_\_  
(Property Owner Signature) (Date)

BE IT KNOWN that on the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, personally appeared \_\_\_\_\_, to me known to be the same person described in and who executed the within Affidavit and who acknowledged the same to be his/her free act and deed.

\_\_\_\_\_  
Notary Public, Cass County, MI  
Utilities/Utility Lease Affidavit

My commission expires:

Customer Name: \_\_\_\_\_

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

Service City, State, Zip: Dowagiac, MI 49047

Account Number: \_\_\_\_\_

I hereby consent and authorize the City of Dowagiac Utility Department, on my behalf, to notify the following designated person(s) and/or property owner to receive my account information as indicated:

<b>Disconnect</b>		<b>Authorized Third Party</b>
<b>Billing</b>	<b>Notice</b>	
<input type="checkbox"/>	Yes	Name: _____ Relationship to Customer: Landlord/Landlord Manager Email: _____ Mailing Address: _____ _____
<input type="checkbox"/>	<input type="checkbox"/>	Name: _____ Relationship to Customer: _____ Email: _____ Mailing Address: _____ _____

This authorization and consent will become void upon my notification to the Dowagiac Utility Department to terminate, or, upon my vacating this service address.

Customer Signature\_\_\_\_\_

Driver's License Number:\_\_\_\_\_  Verified \_\_\_\_\_

Social Security Number:\_\_\_\_\_  Verified \_\_\_\_\_

Phone Number:\_\_\_\_\_  Verified \_\_\_\_\_

(Tenant Affidavit & Third Party Auth)