

Request to Continue Metering

Date:

Business:

Name:

Address:

RE: Account #

Please provide copies of your water usage bills for the past year in order for us to calculate your sewer usage. We are requesting this information by 10/01 of the current calendar year, in order to calculate the following year's rate. This information will be presented to the sewer authority board at the annual meeting in November.

If you would like to continue to meter, please sign/date below and return this form with your information to:

Dorr/Leighton Waste Water Authority

4475 Kalamazoo Dr.

Caledonia, MI 49316

or

Fax 616-891-2143 or email: dlsewer@leightontownship.org

Date: _____

Sign: _____

Pursuant to the Resolution to Adopt Sanitary Sewer Rates, approval for fee and charges based on Metered use is set by; Subsection 2 : 1.0

(4) Approval by the Authority Board pursuant to this subsection 2(c)(iv) shall be for a period of one (1) year, after which the REUs assigned to the user will be assigned pursuant to the REU table unless the user reapplies. Commercial or industrial users shall be responsible for reapplication on an annual basis.

If you have any questions please call 616-891-8238.

Dorr Leighton Wastewater Authority