



Detroit Water and Sewerage Department
 735 Randolph Street, Room 806
 Detroit, MI 48226
 313.267.8000 | drainage@detroitmi.gov

Authorization and Consent for Consolidated Billing

I, _____, am the account holder for the following account numbers that receive drainage charges from the Detroit Water and Sewerage Department.

For each parcel, include Parcel ID **and** DWSD Account Number:

Item	Parcel ID	Account Number
1		
2		
3		
4		
5		

I wish to have all drainage charges for the above referenced accounts placed on one bill and sent to the following Parcel ID location:

(Street Number and Name) (City) (State) (Zip Code) (Parcel ID)

By signing below, I authorize the Detroit Water and Sewerage Department to consolidate the drainage charges (listed by account number) for the above referenced accounts to one billing, and sent to the address indicated on this form. I understand that these changes will remain in effect until I change or revoke this authorization in writing. I further understand that I must be current and remain current on my bill. Failure to keep my bill current may result in liens to the various parcels and removal from the program.

By: _____

The completed form should be returned to:

Name: _____

Please Print

**DWSD Drainage and Green Credit Program
 735 Randolph Street, Room 806
 Detroit, MI 48226
 Fax: 313.964.9110**

Date: _____

Email: drainage@detroitmi.gov

If you have any questions, please call 313.267.8000 or email drainage@detroitmi.gov.