



**Sebewaing Light and Water Department**  
**110 West Main Street**  
**P.O. Box 645**  
**Sebewaing, MI 48759**  
**Phone: (989) 883-2700 Fax: (989) 883-2792**

**New Home Owner Form**

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

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

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

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

Phone: \_\_\_\_\_

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

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

Drivers License: (Photo Copy) \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Address of Employer: \_\_\_\_\_

Employer Phone Number: \_\_\_\_\_