City of Houghton
Start / Stop Utility Service Form

Property Address:

Owner/Landlord Name:

Owner/Landlord Phone:

Owner/Landlord Email:

Tenant Name:

Tenant Phone:

Tenant Email:

Forwarding Address

Request Type: ☐ Start Service ☐ Stop Service

Move-In Date:

Move-Out Date:

Requested Service Date:

Additional Notes:

Signature: _____ Date: _____