

Village of Pentwater
UB ADDRESS FORM

Today's Date _____

Owner's Name _____

Service Address _____

Contact Phone Number _____

Email Address: _____

Mail Bills to: _____

c/o (if renter) _____

Street Address _____

City, State, Zip _____

Requested by (**signature**) _____

Date Entered _____

Mail to:

Village of Pentwater
P.O. Box 622
327 S. Hancock St.
Pentwater, MI 49449