CITY OF ST. LOUIS UTILITY WAIVER OF LIEN PRIVILEGE AFFIDAVIT

Page **1** of **2**

Rental Address:				
Property Tax ID#:				
Being first duly sworn, the undersigned affirms and executes this affidavit pursuant to the				
terms of MCL 123.165, MCL 141.121, and the City of St. Louis Utility Service – Waiver of Lien				
Privilege Policy as adopted by Resolution 2013, effective				
Landlord Information:				
Full name(s):				
Business address:				
Business Phone Number:				
Business Phone Number:				
E-mail address:				
I acknowledge it is my responsibility to notify the City of St. Louis Billing staff, in writing, within twenty				
(20) days of the date the tenancy of the named tenant terminates. If such notice is not timely given				
or any portion of this affidavit is incorrect or incomplete, the benefits of MCL 123.165 and MCL				
141.121 will not be available to me. Further I understand that final bills cannot be back dated any				
further than the most recent billed meter reads.				
_				
Tenant Information:				
Full name(s):				
Phone number:				
Driver's License number:				
Date rental commences:				
Date rental terminates:				

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Rental Address:				
Property Tax ID#:				
The security depos	sit is the property of the (check one):		
Tenant(s		Landlord(s)		
Further, Affiant sai	ith not.			
Landlord(s)		Tenant(s)		
STATE OF MICHIGA COUNTY OF GRATI				
The Affiants,		and	appeared	
before me, a Nota	ry Public in and for Gratic	ot County, Michigan on the	day of	
		or swore under oath that the ir	nformation contained in the	
foregoing is true a	na correct.			
	, Notary Public			
My commission ex	pires:			
	CITY PROCESSING USE:			
Four(4) times the average monthly bill for this property is \$				
	Security deposit has been received in above amount.			
	Lease has been reviewed for required responsibility language.			
	Affidavit Renewal Flag has been set on system			
	Affidavit docum	entation has been approved and	is scanned to the property account	