



# AFFIDAVIT of TENANT/LESSEE RESPONSIBILITY FOR WATER AND SEWERAGE BILLS

**ACCOUNT RESPONSIBILITY IS NOT EFFECTIVE UNTIL DWSD RECEIVES AND PROCESSES A FULLY EXECUTED VERSION OF THIS DOCUMENT.**

## LANDLORD AFFIDAVIT

- I, \_\_\_\_\_, am Lessor of property located at \_\_\_\_\_, Detroit, Michigan, \_\_\_\_\_ ("Property").
- This Property is a \_\_\_\_ Single Residence \_\_\_\_ Multi-Unit Dwelling/Flat/Duplex \_\_\_\_ Commercial
- On \_\_\_\_\_, the Lessor entered into a Lease for the Property with \_\_\_\_\_ (Tenant) requiring the Tenant/Lessee to be responsible for all water, sewerage and drainage charges incurred during the term of the Lease.
- I advised Tenant to establish water service in his/her/its name within thirty (30) days from the date the parties entered into the Lease. I understand if Tenant fails to establish an account in his/her/its name, the Lessor is responsible for all charges.
- The Lease will expire on: \_\_\_\_\_ (Date in Month /Day / Year)
- I understand if Lessor does not submit a Notice that Tenant Vacated Property to Detroit Water and Sewerage Department (DWSD) within twenty (20) days after Tenant vacates the Property, then DWSD will revert all charges to the Property owner as of the date DWSD reasonably ascertains when Tenant vacated the Property.
- \_\_\_\_ (Check if applicable) I would like to receive a copy of the Tenant's monthly bill.

\_\_\_\_\_  
(Lessor Signature)

Print: \_\_\_\_\_

Name \_\_\_\_\_

Company Name \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Phone \_\_\_\_\_

Subscribed and sworn to before me this  
\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_, Notary Public

\_\_\_\_ County, Michigan

My Commission expires: \_\_\_\_\_

## TENANT AFFIDAVIT

- I, \_\_\_\_\_, am Lessee/Tenant of the Property.
- My phone number is: \_\_\_\_\_
- My address prior to the Lease was: \_\_\_\_\_
- The last 4 digits of my Social Security Number are : \_\_\_\_\_
- I agree to come to a DWSD customer Service Center to establish an account in my name at DWSD within thirty (30) days from the date I entered into the Property Lease.
- I accept full responsibility for all water, sewer, and drainage charges at the Property during the term of the Lease or until DWSD receives notice of, or reasonably determines, the date I vacated the property.

\_\_\_\_\_  
(Lessee Signature)

Print Name \_\_\_\_\_

Subscribed and sworn to before me this  
\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_, Notary Public

\_\_\_\_ County, Michigan

My Commission expires: \_\_\_\_\_

This Affidavit is executed in accordance with MCL 123.165 and Sections 56-2-42 and 12-11-26.1 of the Detroit City Code.