



## New Resident Contact Information

115 South Main Street · P.O. Box 389 · Webberville, MI 48892 · Ph: 517-521-3984 · Fax: 517-521-3165

Date of Responsibility: \_\_\_\_\_

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

Address (include house & PO Box): \_\_\_\_\_

\_\_\_\_\_

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

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

Driver's License Number (Copy as Well): \_\_\_\_\_

2<sup>nd</sup> Name: \_\_\_\_\_

2<sup>nd</sup> Phone Number: \_\_\_\_\_

2<sup>nd</sup> Email Address: \_\_\_\_\_

Driver's License Number (copy as Well): \_\_\_\_\_

Is this property a rental/Land Contract/lease? \_\_\_\_\_

Rental Deposit & Copy of Payment (Check #/Cash, etc.): \_\_\_\_\_ Amount: \_\_\_\_\_

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Owner Name (If different than above): \_\_\_\_\_

Owner Address (include house & PO Box): \_\_\_\_\_

\_\_\_\_\_

Owner Phone Number: \_\_\_\_\_

Owner's Email Address: \_\_\_\_\_

Owner's Driver's License Number: \_\_\_\_\_

**The failure to provide these items will not release you from being responsible for the fees incurred.**

Please mail, email, drop in the drop box or at the Village Office to Jessica Kuch at  
jkuch@webbvill.com

For Office Use Only:

\_\_\_ Form Completed

\_\_\_ Copy of Driver's License(s)

\_\_\_ Deposit Paid

\_\_\_ Copy of Transfer of Affidavit

Notes: