



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): _____

Phone Number: _____

Email Address: _____

Driver's License Number (Copy as Well): _____

2nd Name: _____

2nd Phone Number: _____

2nd 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: \$200.00

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: