THIRD PARTY CONSENT FORM

City of Bay City
Accounts Receivable
301 Washington Ave
Bay City, MI 48708

NAME _____

ADDRESS _____

PHONE _____

ACCOUNT # _____

CONSENT OF AUTHORIZED AGENT:

I authorize the following person/persons to have access to my City of Bay City Utility Account and to have the bill forwarded to the following address:

Name:_____

Mailing address:_____

Contact Phone Number:_____

_____ _____
Signature of Applicant **Date**

_____ _____
Signature of Authorized Agent **Date**

Approved by Accounts Receivable _____ REVISED 10/19/09