



CUSTOMER INFORMATION UPDATE REQUEST

WE ARE REQUIRED TO IDENTIFY HOUSEHOLDS WITH A FULL-TIME FAMILY MEMBER AGE OF 65 YEARS OR OLDER FOR PROTECTION DURING THE HEATING SEASON MONTHS. PLEASE CHECK THE BOX IF SOMEONE IN YOUR RESIDENCE MEETS THAT REQUIREMENT.

PLEASE FILL OUT AND RETURN. YOUR UPDATED CONTACT INFORMATION IS IMPORTANT TO ASSIST WHEN ISSUES ARISE WITH YOUR UTILITY ACCOUNT OR UTILITY PAYMENT.

Name on account: _____

Service Address: _____

Mailing Address (if different): _____

City _____ St _____ Zip _____

Contact phone number(s): _____

Email address: _____

Is any member of your household 65 years or older? ☐ yes ☐ no

If yes, please list name: _____

Please return by mail to:

City of Gladstone
1100 Delta Ave
Gladstone, MI 49837

Email to: plebombard@gladstonemi.org

Drop box in front of City Hall or at the front cashier window

Form available on our website www.gladstonemi.org under Utility Payment access button on homepage