

Service Request/Disconnect

Service Address: _____ Lot #: _____

Service Date Requested: _____

Name(s) on Account: _____

Phone#: (____) - (____) - (____) Cell Phone#: (____) - (____) - (____)

email: _____

Mail Address if different: _____

Tenant [] Owner [] Number in House Hold []

Emergency Contact Name: _____ Phone#: () - () - ()

| | |
|----------------------------------|----------|
| Non refundable establishment fee | \$ 30.00 |
| Refundable Deposit fee | \$ 80.00 |
| Total | \$110.00 |

PAYMENT METHOD

Money Order: _____ Check #: _____

I/We hereby apply for water service at the service address above under the terms and conditions as approved by the Arizona Corporation Commission and agree to pay the same at the approved rates. I/We agree to provide a minimum of three day notice for termination of service.

Applicants Signature _____ Date _____

OFFICE USE ONLY

Notes:

Applicant Signature

Date: