

SERVICE ADDRESS	SERVICE DATE REQUESTED
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UPDATE INFO	ACCOUNT NUMBER:	DATE OF REQUEST	TENANT	OWNER	AGENT	
	NAME ON ACCOUNT		PHONE	MOBILE PHONE		
	SOCIAL SECURITY #		DATE OF BIRTH	DRIVERS LIC #	STATE	
	MAILING ADDRESS IF DIFFERENT THAN SERVICE ADDRESS			EMAIL ADDRESS		
	CITY			STATE	ZIP	
	EMERGENCY CONTACT			EMERGENCY CONTACT PHONE		

REINSTATE 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 for the same at the approved rates. I/ We agree to provide a minimum of three day notice for termination of service.

APPLICATION	_____ Applicant Signature		_____ Date		
	Add Service Establishment fee to first bill YES NO		PAYMENT		
	Non refundable Service establishment fee \$35.00 _____ Refundable Deposit \$70.00 _____ Total _____		Cash _____ Check # _____		

TERMINATION	ACCOUNT NUMBER:	DATE OF REQUEST	TENANT	OWNER	AGENT	
	NAME ON ACCOUNT		PHONE	MOBILE PHONE		
	MAILING ADDRESS					
	CITY		STATE	ZIP		
	Deposit _____		Deposit Total _____			
	Interest _____		Final Bill _____		Refund Check # _____	
Total _____		Final Balance _____		Deposit Returned on: _____		

NOTES					
	OWNER / AGENT NAME				ACCT #
	Pump # _____	Sequence # _____	Date	_____	
Route # _____	Serial # _____	Meter Read	_____		