

SERVICE ADDRESS

START / STOP SERVICE

SERVICE ADDRESS:	SERVICE DATE REQUESTED
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ACCOUNT NUMBER	DATE OF REQUEST	TENANT <input type="checkbox"/>	OWNER <input type="checkbox"/>	AGENT <input type="checkbox"/>
NAME(S) ON ACCOUNT			PHONE	
SOCIAL SECURITY #		TEXT ALERTS OKAY? YES <input type="checkbox"/> NO <input type="checkbox"/>		
MAILING ADDRESS IF DIFFERENT THAN SERVICE ADDRESS		EMAIL ADDRESS		
CITY	STATE	ZIP		
EMERGENCY CONTACT		EMERGENCY CONTACT PHONE		

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 agree to provide a minimum of three day notice for termination of service.

_____	_____
Applicant Signature	Date
Add Service Establishment fee to first bill YES <input type="checkbox"/> NO <input type="checkbox"/>	
Non refundable Service establishment fee \$35.00 _____	
Refundable Deposit \$70.00 _____	
Total _____	

ACCOUNT NUMBER	DATE OF REQUEST	TENANT <input type="checkbox"/>	OWNER <input type="checkbox"/>	AGENT <input type="checkbox"/>
NAME ON ACCOUNT		PHONE		PHONE
MAILING ADDRESS				
CITY	STATE	ZIP		

Deposit _____	Deposit Total _____
Interest _____	Final Bill _____
Total _____	Final Balance _____

NOTES:

Route # _____	Date _____
Sequence # _____	Meter # _____
	Meter Read _____