

WATER SERVICE INFORMATION REQUEST WILL SERVE LETTER

PLEASE PROVIDE THE FOLLOWING ADDRESS OF PROPERTY TO BE SERV		OR ARIZONA WATER COMPANY TO REVIEW YOUR REQUEST:
COUNTY		CEL NILIMADED/C)
MAJOR CROSS	TAX ASSESSOR PAR	CEL NOWIDER(3)
STREETS STREET		
ADDRESS		
CITY, STATE, ZIP CODE:		
REQUESTOR NAME/MAILING ADDRESS (IF DIFFERENT FROM PROPERTY ADDRESS)	APPLICANT/OWNER NAME/MAILING ADDRESS (IF DIFFERENT FROM PROPERTY ADDRESS)
NAME:		NAME:
EMAIL ADDRESS:		EMAIL ADDRESS:
PHONE:		PHONE:
STREET ADDRESS:		STREET ADDRESS:
CITY, STATE, ZIP CODE:		CITY, STATE, ZIP CODE:
WILL THIS PROPERTY BE SPLIT INTO	2 OR MORE PARCELS?	☐ YES ☐ NO
LIST ANY ADDITIONAL INFORMATION REC	GARDING THE PROPERTY:	
Note:		
		required documentation, Arizona Water Company will provide a formal the Water Service Information Request prior to contacting the Company.
2. For all inquiries, please email <u>dev</u> your request.	velopmentservices@azwater.com, inc	clude your contact information, property information, and the reason for
Map Disclaimer: The section maguarantee its thematic or spatial according to the section maguarantee its thematic or spatial according to the section maguarantee its thematic or spatial according to the section maguarantee its thematic or spatial according to the section maguarantee its thematic or spatial according to the section maguarantee its thematic or spatial according to the section maguarantee its thematic or spatial according to the section maguarantee its thematic or spatial according to the section maguarantee its thematic or spatial according to the section of the section maguarantee its thematic or spatial according to the section of the s		does not replace a land survey and Arizona Water Company does not
By signing below you certify to the b	est of your knowledge that the inform	ation provided by you is true and accurate.
Print Name		
Signature		Date