



ARIZONA WATER COMPANY

WATER SERVICE INFORMATION REQUEST RESIDENTIAL (5 PARCELS OR MORE)

PLEASE PROVIDE THE FOLLOWING PRELIMINARY INFORMATION FOR ARIZONA WATER COMPANY TO REVIEW YOUR REQUEST:

ADDRESS OF PROPERTY TO BE SERVED	
COUNTY	TAX ASSESSOR PARCEL NUMBER(S)
MAJOR CROSS 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:
PROJECT NAME:	
ENGINEER/DESIGN FIRM:	
WILL THIS PROPERTY BE SPLIT INTO 2 OR MORE PARCELS?	☐ YES ☐ NO
PROVIDE THE FOLLOWING DOCUMENTS: ASSESSOR MAP, PROPERTY DEED, EASEMENTS, AND RECORD OF SURVEY, IF AVAILABLE. FILE FORMAT: JPG, PDF – EMAIL DOCUMENTS TO DEVELOPMENTSERVICES@AZWATER.COM, INCLUDE YOUR WATER SERVICE INFORMATION REQUEST FORM.	

INTENDED PROPERTY USE: (PLEASE CHECK ONE)

☐ SINGLE FAMILY RESIDENTIAL
☐ OTHER _____

FIXTURES: (LIST THE TOTAL NUMBER OF EACH FIXTURE, ENTER "0")

_____ TOILET(S)	_____ KITCHEN SINK(S)
_____ BATHROOM SINK(S)	_____ DISHWASHER(S)
_____ BATHTUB (S) W/SHOWER	_____ GARBAGE DISPOSAL(S)
_____ STAND ALONE SHOWER(S)	_____ WASHING MACHINE(S)
_____ LAUNDRY ROOM SINK(S)	_____ OTHER (DESCRIBE)
_____ HOSE CONNECTION(S)	

TYPE OF SERVICE (PLEASE CHECK ONE)

SERVICE 1 PURPOSE ☐ DOMESTIC ☐ LANDSCAPE
METER SIZE ☐ 5/8"x3/4" _____ ☐ 3/4" _____ ☐ 1" _____ ☐ 1.5" _____ ☐ 2" _____ METER QUANTITY _____
SERVICE 2 PURPOSE ☐ DOMESTIC ☐ LANDSCAPE
METER SIZE ☐ 5/8"x3/4" _____ ☐ 3/4" _____ ☐ 1" _____ ☐ 1.5" _____ ☐ 2" _____ METER QUANTITY _____
SERVICE 3 PURPOSE ☐ DOMESTIC ☐ LANDSCAPE
METER SIZE ☐ 5/8"x3/4" _____ ☐ 3/4" _____ ☐ 1" _____ ☐ 1.5" _____ ☐ 2" _____ METER QUANTITY _____



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TYPE OF REQUESTED FIRE PROTECTION:

☐ **PUBLIC FIRE HYDRANT** (PLACED IN RIGHT OF WAY OR PUBLIC UTILITY EASEMENT)

QUANTITY: _____

☐ **PRIVATE FIRE SERVICE FOR PRIVATE FIRE SPRINKLER** (PRIVATE AFTER PROPERTY LINE)

SERVICE SIZE

☐ 4" _____ ☐ 6" _____ ☐ 8" _____ ☐ 10" _____ ☐ 12" _____ QUANTITY _____

☐ **PRIVATE FIRE SERVICE FOR PRIVATE FIRE HYDRANT** (PRIVATE AFTER PROPERTY LINE)

SERVICE SIZE

☐ 4" _____ ☐ 6" _____ ☐ 8" _____ ☐ 10" _____ ☐ 12" _____ QUANTITY _____

NOTE:

When a project requires fire protection, the public fire protection agency must determine the number and location of the fire hydrants, the minimum required fire flow rate (gpm) and flow duration (hours).

LIST ANY ADDITIONAL INFORMATION REGARDING THE PROPERTY:

Note:

1. Upon receipt of a complete Water Service Information Request with required documentation, Arizona Water Company will provide a formal response to your request. Please allow up to 45 business days to complete the Water Service Information Request prior to contacting the Company.
2. The Company will determine the method of service and provide a preliminary cost estimate to serve the property based on the information you provide.
3. The method of service determinations and preliminary cost estimates are preliminary in nature and may not represent the actual costs of method of service. Please be advised that the actual cost of establishing service to your property can only be determined upon receiving an application for service, payment of all required deposits and fees and receipt of bids from contractors.
5. If the property is split in a manner different than that indicated on the Water Service Information Request form, the method of service and preliminary cost estimate may need to be revised.
6. Please be advised that the actual cost of establishing service to your property can only be determined upon receiving an application for service, payment of all required deposits and fees and receipt of bids from contractors.
7. Water service to your property may require easements, conditional water service agreement, or backflow prevention devices.
8. For all inquiries, please email developmentservices@azwater.com, include your contact information, property information, and the reason for you

By signing below you certify to the best of your knowledge that the information provided by you is true and accurate.

Print Name

Signature

Date