



ARIZONA WATER COMPANY

Please fill in this form, print, and bring to your local office for processing.

DISCOUNT PROGRAM REQUEST

DECLARATION AND SELF-CERTIFICATION STATEMENT: By signing below, I certify under penalty of perjury under the laws of the State of Arizona that this information is true and correct.

I agree to present proof of Utility Billing Assistance Program eligibility, if asked. I agree to inform Arizona Water Company if I no longer qualify to receive a discount. I know that I receive a discount without qualifying for it, I may be required to pay back the discount I received. I understand that Arizona Water Company may share my information with other utilities or their agents to enroll me in its assistance program.

ACCOUNT NUMBER:

____ - ____ - _____ - ____ - ____

PROGRAM:

Form of Proof: _____

ACTIVE MILITARY – Bring your Military ID to sign up for this program.

Form of Proof: _____

UTILITY ASSISTANCE – Bring a copy of a bill from another utility assistance program to sign up for this program.

Print Name: _____

Signature: _____

Date: _____