



ARIZONA WATER COMPANY

Sedona Office: 65 Coffee Pot Drive, Suite 7 – Sedona, AZ 86336-4554
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REQUEST FOR WATER SERVICE – SEDONA

PLEASE FILL OUT THE FOLLOWING INFORMATION AND SEND US A COPY OF YOUR DRIVER'S LICENSE. IF YOU ARE RENTING AND HAVE NOT ESTABLISHED SERVICE WITH US, A DEPOSIT WILL BE REQUIRED PRIOR TO CONNECTING SERVICE. THE DEPOSIT AMOUNT FOR A 5/8" X 3/4" METER SERVICE IS \$80.00. PLEASE CONTACT OUR OFFICE REGARDING DEPOSIT AMOUNTS FOR LARGER METERS. IF YOU OWN THE PROPERTY, PROOF OF OWNERSHIP IS REQUIRED.

UNDEVELOPED PROPERTY: COUNTY TAX ASSESSOR PARCEL NO. _____ METER SIZE _____

SUBDIVISION _____ LOT NO. _____

DATE OF SERVICE REQUESTED ____/____/____

CUSTOMER NAME OR BUSINESS NAME _____

SERVICE ADDRESS _____

MAILING ADDRESS (IF DIFFERENT) _____

CITY _____ STATE _____ ZIP _____

PHONE NUMBER _____ CELL PHONE NUMBER _____

PREVIOUS OCCUPANT (IF KNOWN) _____

PERSONAL INFORMATION:

DRIVER'S LICENSE NUMBER _____ STATE _____ LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER: _____

WORK NAME AND PHONE NUMBER _____

CLOSEST RELATIVE OR CONTACT PERSON (not living with you)

NAME _____

ADDRESS _____

PHONE NUMBER _____

BUSINESS INFORMATION:

BUSINESS TAX ID# _____

CONTACT PERSON _____

PHONE NUMBER _____

OFFICE USE ONLY

Facilities fee YES NO

There is a \$32.00 establishment charge for all services (included on your first month's bill).

ARIZONA CORPORATION COMMISSION REGULATION R14-2-405-B-3:
"Where service is being provided for the first time, the customer shall provide and maintain a private shutoff valve within 18 inches of the meter on the customer's side of the meter, and the utility shall provide a like valve on the utility's side of such meter."

A SHUTOFF VALVE IS REQUIRED WITHIN 18" OF THE METER BOX ON THE CUSTOMER'S SIDE.
CUSTOMER SHUTOFF VALVE INSTALLED. YES NO

_____ CUSTOMER INITIALS (REQUIRED)

The Company's valve is not to be operated except by a representative of Arizona Water Company. Noncompliance with this regulation may result in termination of service.

I/WE HEREBY APPLY FOR WATER SERVICE AT THE ADDRESS ABOVE UNDER THE TERMS AND CONDITIONS AS APPROVED BY THE ARIZONA CORPORATION COMMISSION AND AGREE TO PAY FOR SAME AT THE APPROVED RATES.

ACCEPTED:

_____ /_____/_____
(Customer Signature) (Date)