



ARIZONA WATER COMPANY

CUSTOMER ACCOUNT CHANGE REQUESTS

NAME CHANGE

I/we hereby agree to assume responsibility for the account listed below under the terms and conditions as approved by the Arizona Corporation Commission and agree to pay for the same at the approved rates. To remove an account holder, proper documentation is to be provided (death certificate or divorce decree) To add an additional account holder, a copy of a picture I.D. for each party and a signature from both parties are required.

ACCOUNT NUMBER: _____ - _____ - _____ - ____ - ____

ACCOUNT NAME: _____

Reason for request: _____

Documentation Provided: _____

NAME CHANGE

ADDITIONAL ACCOUNT HOLDER

Print Name

Print Name

Customer Signature

Customer Signature

Date

Date

DISCOUNT 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 provide proof of Water Billing Assistance Program eligibility if asked. I agree to inform Arizona Water Company if I no longer qualify to receive the discount. I know that if 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 their assistance program.

ACCOUNT NUMBER: _____ - _____ - _____ - ____ - ____

ACTIVE MILITARY Form of Proof: _____

LOW INCOME Form of Proof: _____

Customer Signature

Date