

Finance and Budget Department  
Business Hours: Mon. – Thurs. 7am-6pm  
CLOSED Fridays  
11465 W. Civic Center Drive, Suite 260  
Avondale, Arizona 85323-6808  
Phone: (623) 333-2005  
Fax: (623) 333-0201  
Email: [waterbilling@avondale.org](mailto:waterbilling@avondale.org)



<b>OFFICE USE ONLY</b>	
Route # _____	ON S/O # _____
OFF S/O # _____	
Service Fee Paid: \$100 _____	
RECEIVED BY: _____	SETUP _____
CONF: _____	

## TEMPORARY 3 DAY WATER SERVICES APPLICATION

ONLY for Real Estate Agents/Owner Representative

One-time fee \$100 – this fee includes 3 business days of service and a maximum consumption of 2,000 gallons. Consumption over that amount will be billed to the applicant at the address below. Requests for extension past the 3 consecutive business days of service will result in establishing an active account with a required deposit of \$175 and the billing of all monthly fees to include water, sewer, and trash. Each intermittent request for 3-day service will require a \$100 fee.

Connect date: \_\_\_\_\_ Shut Off Date \_\_\_\_\_ Account # \_\_\_\_\_  
(Service dates must be Monday-Thursday ONLY) (Assigned by Water Billing)

Property Address: \_\_\_\_\_

ACCOUNT ACCESS CODE 4 DIGIT: \_\_\_\_\_ LOT: \_\_\_\_\_ SUBDIVISION: \_\_\_\_\_

**\*Note to Realtor/Owner Representative – a copy of the signed contract to represent the OWNER is required to establish service.**

APPLICANT: \_\_\_\_\_  
Last Name First Name Middle Initial

Mailing Address: \_\_\_\_\_  
Street Address City State Zip Code

Phone # \_\_\_\_\_ Email Address: \_\_\_\_\_

Last 4 Digits of Social Security/EIN #: \_\_\_\_\_ State Driver's License/I.D. #: \_\_\_\_\_  
(State)

HAVE YOU HAD PRIOR SERVICE WITH AVONDALE? \_\_\_Yes \_\_\_No

If yes, list prior property address(es): \_\_\_\_\_

### PROPERTY OWNER INFORMATION

NAME OF OWNER: \_\_\_\_\_ PHONE #: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_  
STREET ADDRESS CITY STATE ZIP CODE

*Under penalties of perjury, I declare to the best of my knowledge and belief, the information stated above is true, correct, and complete. \*Notice to applicant: Notification of service application as well as copies of any information regarding the billing of services may be sent to the owner/designee stated above.*

APPLICANT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Fax: (623) 333-0201 / Email: [waterbilling@avondale.org](mailto:waterbilling@avondale.org)

OFFICE USE ONLY: ON _____ TRANSFER _____
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