

**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)



OFFICE USE ONLY	
Account #	_____
Route #	_____ SO # _____
Service Fee Paid: \$60	_____ \$100 _____
Deposit Paid: \$300	_____
RECEIVED BY:	_____ SETUP _____
CONF:	_____

## COMMERCIAL WATER/SEWER SERVICES APPLICATION

**\*\*\*INSTALLATION FEE AND DEPOSIT ARE DUE AT TIME OF SIGN UP\*\*\***

<b>SERVICE FEE</b>	_____ <b>\$60 – Standard Service</b> <i>(Any Next Business Day)</i>	_____ <b>\$100* – Same Day Installation</b> <i>*Must be paid by 5pm of same day service request.</i>
<b>DEPOSIT</b>	_____ <b>\$300</b>	

**CONNECT DATE (MON-THURS ONLY):** \_\_\_\_\_ **PURCHASE DATE/LD:** \_\_\_\_\_

**PROPERTY ADDRESS:** \_\_\_\_\_

**ARE YOU:** \_\_\_ OWNER<sup>1</sup> \_\_\_ TENANT<sup>2</sup> \_\_\_ PROPERTY MANAGER<sup>3</sup> \_\_\_ OTHER

**Required at sign-up:** 1 - Proof of Ownership 2 - A copy of the signed lease agreement & owner information 3 - Property Manager Agreement

**TYPE OF BUSINESS:** \_\_\_\_\_ Department Store/Retail \_\_\_\_\_ Grocery \_\_\_\_\_ Restaurant \_\_\_\_\_ School  
 \_\_\_\_\_ Professional Office \_\_\_\_\_ Hotel \_\_\_\_\_ Laundromat \_\_\_\_\_ Car Wash  
 \_\_\_\_\_ Mobile Home Park \_\_\_\_\_ Bar \_\_\_\_\_ Multi-Family \_\_\_\_\_ Landscape Only  
 \_\_\_\_\_ Other- List Type: \_\_\_\_\_

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

**NAME TO APPEAR ON BILL** (If different than above): \_\_\_\_\_

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)

**CO-APPLICANT:** \_\_\_\_\_  
 Last Name First Name Middle Initial

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

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

**PROPERTY OWNER INFORMATION**  **CHECK IF SAME AS APPLICANT**

Name of Owner \_\_\_\_\_ Phone # \_\_\_\_\_

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

**HAVE YOU HAD PRIOR SERVICE WITH AVONDALE?** \_\_\_ Yes \_\_\_ No

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

*Under penalties of perjury, I declare to the best of my knowledge and belief, the information stated above is true, correct, and complete.*

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_ Co-Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

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

**OFFICE USE ONLY:** ON \_\_\_\_\_ TRANSFER \_\_\_\_\_