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

Avondale
Aspiring. Achieving. Accelerating.

OFFICE USE ONLY
Account # _____
Route # _____ SO #_____
Service Fee Paid: $60_____ $100_____
Deposit Paid: $175____$200_____$250____
RECEIVED BY:_____SETUP_____
CONF:

RESIDENTIAL WATER / SEWER / REFUSE SERVICES APPLICATION

DEPOSIT AND SERVICE FEE DUE AT SIGN-UP	**$60** Non-refundable **STANDARD Service Fee** (ANY NEXT BUSINESS DAY)	**$100** Non-refundable **SAME DAY Service Fee** (IF PAID BY **5PM**)
	CHOOSE ONE OF THE TOTALS BELOW (DEPOSIT + SERVICE FEE)	
$175 Refundable **DEPOSIT** PAID IN FULL AT SIGN-UP	☐ **$235** ($175+$60)	☐ **$275** ($175+$100)
$200 Refundable **DEPOSIT** **INSTALLMENT Method:** **1ST INSTALLMENT of $80** DUE AT **SIGN-UP** **2ND INSTALLMENT of $80** due with **2ND BILL** **3RD INSTALLMENT of $40** due with **3RD BILL**	☐ **$140** ($80+$60)	☐ **$180** (80+100)
UNOCCUPIED Property **$250** Refundable **DEPOSIT**	☐ **$310** ($250+$60)	☐ **$350** ($250+$100)

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

PROPERTY ADDRESS: _____

ARE YOU: ____OWNER[1] ____TENANT[2] ____PROPERTY MANAGER[3]

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

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)

CO-APPLICANT: _____
(Optional) **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*** ***Web: avondaleAZ.gov***

OFFICE USE ONLY: **SANITATION WORK ORDER** _____
ON _____ **TRANSFER** _____ **BLUE** _____ **BLACK** _____ **RESIDENTIAL 90 GAL $20.00** **(01/2017)**