

Business Hours: M-Th 7 am - 6 pm
CLOSED Friday

11465 W Civic Center Dr, #260
 Avondale, AZ 85323
 (623) 333-2005 | Fax (623) 333-0201
 Email: waterbilling@avondaleaz.gov
www.AvondaleAZ.gov



RESIDENTIAL
UTILITIES APPLICATION
Water/Sewer/Solid Waste

OFFICIAL USE ONLY	
Account #	Cust #
Route #	SO #
Serv. Fee	<input type="radio"/> \$60 <input type="radio"/> \$100
Dep. Fee	<input type="radio"/> \$175 <input type="radio"/> \$200 <input type="radio"/> \$250
Rec. By:	
Setup By:	

Turn-on Service Fee Non-refundable	Next Business Day \$60	Same Day \$100 If requested by 2:00 PM
Deposit Options	Choose ONE of the options below Service Fee + Deposit	
Deposit Waived* If letter of credit showing good payment history for preceding 12 months is PROVIDED WITH APPLICATION. \$0	<input type="radio"/> \$60	<input type="radio"/> \$100
Deposit – Standard \$175	<input type="radio"/> \$235	<input type="radio"/> \$275
Deposit – Installment \$200	<input type="radio"/> \$160 1st bill; \$100 2nd bill (\$260 Total)	<input type="radio"/> \$200 1st bill; \$100 2nd bill (\$300 Total)
Deposit – Unoccupied Property \$250	<input type="radio"/> \$310	<input type="radio"/> \$350
* If deposit is waived, a new deposit may be required if all bills are not paid timely.		

Connection Date (M-Th ONLY):	Property Purchase/Lease Date:
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Avondale Property Address:

Applicant Legal Relationship to Property:

Owner (Settlement statement/closing disclosure required.)
 Tenant (Copy of the signed lease agreement required.)
 Property Manager (Management agreement required.)

APPLICANT INFORMATION			
Last Name:	First Name:	Middle Initial:	
Mailing Street Address:	City:	State:	Zip:
Phone:	Email Address:		
Last 4 SSN#	State Driver's License/ID	State:	ID#:

CO-APPLICANT INFORMATION			
Last Name:	First Name:	Middle Initial:	
Phone:	Email Address:		
Last 4 SSN#	State Driver's License/ID	State:	ID#:

PROPERTY OWNER INFORMATION			
CHECK IF SAME AS APPLICANT <input type="radio"/>			
Last Name:	First Name:	Middle Initial:	
Mailing Street Address:	City:	State:	Zip:
Phone:	Email Address:		

Have you had prior utility service with City of Avondale? **YES** **NO**

If yes, prior property address(es):

I declare to the best of my knowledge and belief, the information stated above is true, correct, and complete.
 By signing my name below, I authorize the City of Avondale to set up utility service in my name, and I understand:

- ▶ I will be required to pay any outstanding balances on other accounts prior to establishing new service.
- ▶ I am responsible for all charges on the new account until the account is closed via written request and a final bill is issued.
- ▶ I am subject to all provisions and requirements under City of Avondale Municipal Code Chapter 24, Article II – Municipal Water System as it is currently codified and as it changes over time.

Applicant Signature:	Date:	Applicant Signature:	Date:
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