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@avondaleaz.gov

Avondale
Aspiring. Achieving. Accelerating.

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******

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

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*

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**

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OFFICE USE ONLY: ON _____ **TRANSFER**_____

12/21/16