

**Finance and Budget Department**  
 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**

Route # \_\_\_\_\_  
 ON WO # \_\_\_\_\_ OFF WO# \_\_\_\_\_  
 Service Fee Paid \$100 \_\_\_\_\_  
 RECEIVED BY \_\_\_\_\_ SETUP \_\_\_\_\_

**TEMPORARY 3 DAY WATER SERVICES APPLICATION**

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 # \_\_\_\_\_  
 (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 \_\_\_\_\_  
 (If different than property address) STREET ADDRESS CITY STATE ZIP

PHONE # \_\_\_\_\_ Email Address: \_\_\_\_\_

SS #(last 4 digits)/STATE/FEDERAL ID # \_\_\_\_\_ DRIVER'S LICENSE \_\_\_\_\_

\*Have you had prior services with Avondale? If yes what location \_\_\_\_\_

**PROPERTY OWNER INFORMATION**

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

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

*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	SANITATION WORK ORDER _____
ON _____ TRANSFER _____	BLUE _____ BLACK _____ RESIDENTIAL 90 GAL \$20.00