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

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

SERVICE INSTALLATION FEE		DEPOSIT
____ **$60 --- Standard Installation** (Any Next Business Day)		**Will You Be Living at the Service Address?** (Choose One)
OR	+	**YES: ____$175 – PAID IN FULL AT SIGN UP**
		OR
		YES: ____$200 – *INSTALLMENT METHOD*
		$80 PAID AT SIGN-UP
		2ND INSTALLMENT of $80 due with **2ND BILL**
		3RD INSTALLMENT of $40 due with **3RD BILL**
____ **$100* -- Same Day Installation**		
****Must be paid by 5pm of same day service request.***		**NO: ____$250 – Paid in full at sign up**

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 of SSN #: XXX – XX – ___ ___ ___ ___ State Driver's License/I.D. #: _____ _____
(State)

CO-APPLICANT/SPOUSE: _____
Last Name **First** Name Middle Initial

Phone #_____ Email Address: _____

LAST 4 of SSN #: XXX – XX – ___ ___ ___ ___ 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 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: **SANITATION WORK ORDER**_____
ON _____ **TRANSFER**_____ **BLUE**_____ **BLACK**_____ **RESIDENTIAL 90 GAL $20.00**