



RESIDENTIAL WATER SERVICE AGREEMENT AND APPLICATION

Name: _____ Phone: (hm) _____

S.S # _____ Phone: (wk) _____

Driver's License # _____ Cell Phone: _____

E-mail: _____

Applicant's Employer: _____

Spouse / Partner: _____ Phone: _____

Spouse / Partner: S.S. # _____

Service Address: _____ Zip: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Living Relative: _____

Address: _____ City: _____ State: _____ Zip: _____

Date Service to Begin: _____ Initials: _____

- I, the undersigned, hereby agree that, in the event of default in the payment of any amount due, and if this account is placed in the hands of a collection agency or attorney for collection or legal action, to pay an additional charge equal to the cost of collection including collection agency and attorney fees and court costs.
- SECURITY DEPOSIT IS REFUNDALBE AFTER ONE YEAR OF ON TIME PAYMENTS OR ON THE FINAL BILL; THE DEPOSIT WILL BE CREDITED TO YOUR AVRA WATER ACCOUNT.
- BY RECEIVING WATER FROM AVRA WATER CO-OP YOU WILL BE CONSIDERED A MEMBER WITH ALL THE BENEFITS THAT ENTAILS

Signature: _____ Date: _____

OFFICE USE ONLY

Account # _____

____ Member ____ Owner ____ Renter ____ Agent

Entered in computer by: _____ Date: _____

Avra Water Co-op is an Equal Opportunity Provider and Employer

11821 W Picture Rocks Rd Tucson, AZ 85743 Phone: 520-682-7331 Fax: 520-682-8933