



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

MASTER METER WAIVER APPLICATION

Name of Account Holder:		Avra Water Account:	
Social Security No:	Phone (Home):	Phone (Work):	Phone (Cell):
Total number of dwellings for which a waiver is requested: _____ Total number of dwellings subject to master meter charge: _____ Total number of additional dwellings served by Master meter: _____			
Street Addresses of all Dwellings for which a Waiver is Requested: _____ _____ _____			
INITIAL _____ I understand that if a residential meter serves more than one dwelling on the same property, the second connection and each additional connection, shall each pay 50% of the monthly base rate. _____ I understand that responsibility for payment remains with the account holder, as given above. _____ I certify that the master metered dwelling(s) for which a waiver is requested and listed above is neither being used nor will be used as a residence for a minimum of 30 consecutive days in a calendar year. _____ I understand that I am obligated to, and certify that I will, notify Avra Water CO-op, Inc. prior to use of any or all waived dwelling(s) as a residence. _____ I understand that any misrepresentation in this waiver request shall constitute unauthorized use of utility services, subjecting the master meter service to immediate disconnect without advance written notice. _____ I authorize Avra Water Co-op to verify the information and claims in this waiver application, including and subsequent periodic physical inspections of the master metered premises listed in this application while any master charge waiver is in effect, as provided by ACC Decision # 69681			
Signature of Account Holder:		Date:	
Entered into Billing System By:		Date:	