



425 10TH STREET, DOUGLAS, AZ 85607

Tel (520) 417-7334 douglasaz.gov

“Embracing our Heritage, Advancing our Future”

SERVICE APPLICATION
WATER, WASTEWATER, SANITATION Date _____

Name _____ SSN _____

Service Address _____

Mailing Address _____

City _____ ST _____ Zip Code _____

Phone No. _____ Phone No. _____

Previous Service Address _____

FOR OFFICE USE ONLY

Account No. _____ Meter No. _____

Application Fee: \$ 15.00 Deposit Amount: _____

Check here if you want your bill sent via e-mail only **One-time \$5.00 Credit for email sign up**

E-mail Address _____

IN CONSIDERATION THAT the City of Douglas furnish water, wastewater and sanitation services (if applicable) at the above service address, I hereby agree to pay any and all charges for service furnished according to the rules established by ordinance. This obligation to pay is to be in force on the date of this agreement until the Department is duly notified to discontinue said service.

NOTE: ORIGINAL APPLICATION MUST BE TURNED IN TO THE UTILITY OFFICE WITH RESPONSIBLE INDIVIDUAL'S SIGNATURE, APPLICATION FEE AND DEPOSIT FOR SERVICES TO BE TURNED ON. THE DEPOSIT AMOUNT SHALL BE RETURNED TO THE ACCOUNT AFTER 1 YEAR WITHOUT LATE CHARGES.

Responsible Signature

Responsible Signature

Print Name

Print Name