



# TOWN OF SPRINGERVILLE

418 E Main St. Springerville, AZ 85938

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## UTILITY SERVICE APPLICATION

Service Address: \_\_\_\_\_ Date: \_\_\_\_\_

Customer Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Account (Business) Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ E-Mail: \_\_\_\_\_

SSN or EIN: \_\_\_\_\_ Own  Rent  Residential  Commercial

Landlord: \_\_\_\_\_ Telephone: \_\_\_\_\_

### Consumer Responsibility

**Payment** – The applicant agrees to pay monthly for the utility services rendered by The Town of Springerville. Charges for services will be made at the regularly established rates for the class of service applicable to applicant. It is the applicant's responsibility to review the monthly bills for accuracy and notify the City of any concerns.

**Delinquency** – Payment for services is due immediately upon billing and shall be delinquent if not paid by the due date on the bill. A penalty of \$5.00 per month will be added to the delinquent account. The City may disconnect service on delinquent accounts not paid thirty (30) days after due date. City shall not be liable for any damage resulting from such disconnection. Customer must bring current all delinquent charges as well as pay the reconnection fee prior to services being restored. Consumer agrees to pay reasonable expenses of collection, including attorney's fees and court costs, incurred in collecting applicant's terminated account.

**Termination of Service** – The applicant agrees to be responsible for the payment of utility charges incurred at this premise until their responsibility is terminated by written order by the applicant or the City's termination for lack of payment.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

### FOR OFFICE USE ONLY

Account# \_\_\_\_\_ Total Amt Paid: \_\_\_\_\_ Cash/Check# \_\_\_\_\_ CCard \_\_\_\_\_

Water Dep Amt: \_\_\_\_\_ Water Capacity Fee Amt: \_\_\_\_\_ Water Connection Fee Amt: \_\_\_\_\_

Sewer Dep Amt: \_\_\_\_\_ Sewer Capacity Fee Amt: \_\_\_\_\_ Sewer Connection Fee Amt: \_\_\_\_\_

Additional Fees: \_\_\_\_\_

Staff Initials: \_\_\_\_\_