

# St. David Domestic Water Improvement District

P.O. Box 172, 112 W. Patton St.

St. David, AZ 85630

Phone: (520)720-4467 Fax: (520) 720-9615

## FOR OFFICE USE ONLY:

ROUTE# \_\_\_\_\_

ACCT.# \_\_\_\_\_

AMOUNT PAID\$ \_\_\_\_\_

NOTES \_\_\_\_\_

## APPLICATION FOR WATER SERVICE

NAME: \_\_\_\_\_

BILLING ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

SSN: \_\_\_\_\_

DR LIC#: \_\_\_\_\_

START SERVICE DATE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

# OF OCCUPANTS: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_

MARK ONE: ☐ OWN ☐ RENT: IF YES,

SERVICE LOCATION: \_\_\_\_\_

NAME & PHONE OF LANDLORD: \_\_\_\_\_

HAVE YOU HAD ST DAVID WATER SERVICE  
PREVIOUSLY? ☐ YES ☐ NO

### CHARGES TO START RESIDENTIAL SERVICE

\$150.00 USAGE DEPOSIT

\$ 30.00 ESTABLISHMENT FEE

**\$ 180.00 TOTAL**

### MONTHLY CHARGES:

BASE CHARGE FOR NORMAL 3/4" RESIDENTIAL: \$18.00 1,000 GAL. MINIMUM

(BASE WILL NOT BE PRORATED)

ANY USAGE OVER MINIMUM ALLOWANCE: \$2.00 PER 1,000 GALLONS

YOU MAY REFER TO RESIDENTIAL CUSTOMER INFORMATION FORM FOR FURTHER INFORMATION AND DESCRIPTION OF ALL CHARGES.

PLEASE MAKE CHECKS PAYABLE TO: **ST. DAVID WATER**

**DEPOSIT REFUND:** Deposits are refunded after 12-months of consecutive service without being delinquent two or more times in that 12-month consecutive period. Deposits will be reviewed yearly from the original deposit date.

**TRANSFER OF SERVICE:** If you have a deposit on an existing account, it will be transferred to your new address. If your deposit has been refunded, a new deposit is not required if your account has not been delinquent two or more times in a 12-month consecutive period.

**WATER LEAKS:** Water leak repair is the responsibility of the customer except when the location of the leak is in or before the meter. Customer is responsible for the payment of water that is lost during such water leaks.

**SEASONAL REINSTATEMENT:** Service charge of number of months off of system times the monthly minimum.

IF YOU WISH TO FILE A CIVIL RIGHTS PROGRAM COMPLAINT OF DISCRIMINATION, COMPLETE THE USDA PROGRAM DISCRIMINATION COMPLAINT FORM, FOUND ONLINE AT [HTTP://WWW.ASCR.USDA.GOV/COMPLAINT FILING CUST.HTML](http://www.ascr.usda.gov/complaint_filing_cust.html), OR AT ANY USDA OFFICE, OR CALL (866) 632-9992 TO REQUEST THE FORM. YOU MAY ALSO WRITE A LETTER CONTAINING ALL OF THE INFORMATION REQUESTED IN THE FORM. SEND YOUR COMPLETED COMPLAINT FORM OR LETTER TO US BY MAIL AT U.S. DEPARTMENT OF AGRICULTURE, DIRECTOR, OFFICE OF ADJUDICATION, 1400 INDEPENDENCE AVENUE S.W. WASHINGTON, D.C. 20250-9410, BY FAX (202) 690-7442 OR EMAIL AT [PROGRAM.INTAKE@USDA.GOV](mailto:PROGRAM.INTAKE@USDA.GOV).

IF THIS ACCOUNT IS REFERRED FOR COLLECTION, I/WE AGREE TO PAY COLLECTION FEES UP TO 50% ON THE BALANCE OWING. IF LEGAL ACTION IS DEEMED NECESSARY, I/WE AGREE TO PAY REASONABLE ATTORNEY'S FEES AND COURT COSTS IN ADDITION TO THE ABOVE COSTS.

I HEREBY CERTIFY THAT THE CUSTOMER INFORMATION I HAVE PROVIDED ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THE CHARGES FOR SERVICE AND I UNDERSTAND THAT I AM RESPONSIBLE FOR PAYMENT OF THESE CHARGES.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date