

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: _____

EIN#: _____

EMAIL: _____

START SERVICE DATE: _____

EMPLOYER: _____

PHONE: _____

SERVICE LOCATION: _____

HAVE YOU HAD ST DAVID WATER SERVICE
PREVIOUSLY? YES NO

CHARGES TO START HYDRANT SERVICE

\$400.00 USAGE DEPOSIT
\$ 30.00 ESTABLISHMENT FEE
\$430.00 TOTAL

MONTHLY CHARGES:

BASE CHARGE FOR HYDRANT USAGE: \$18.00 5,000 GAL. MINIMUM
(BASE WILL NOT BE PRORATED)
ANY USAGE OVER MINIMUM ALLOWANCE: \$ 5.00 PER 1,000 GALLONS

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

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

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.

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,
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.

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

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"The following information is requested by the Federal Government in order to monitor compliance with Federal laws prohibiting discrimination against applicants seeking to participate in the program. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, we are required to note the race/national origin of individual applicants on the basis of visual observation or surname."

<input type="checkbox"/> I do not wish to furnish this information			
Ethnicity:	<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Not Hispanic or Latino	
Race:	<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Asian	<input type="checkbox"/> Black or African American
	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	<input type="checkbox"/> White	
Sex:	<input type="checkbox"/> Male	<input type="checkbox"/> Female	