

SO-HI DOMESTIC WATER IMPROVEMENT DISTRICT

**4345 SO-HI BOULEVARD
GOLDEN VALLEY, AZ 86413
Phone: 928-565-3540 Fax: 928-565-3792
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APPLICATION FOR WATER SERVICE

FEEES REQUIRED AT TIME OF APPLICATION:

**SERVICE FEE: 35.00 METER RESET FEE (if applicable): 200.00
DEPOSIT: 90.00
TOTAL: \$125.00**

THE UNDERSIGNED HEREBY MAKES APPLICATION FOR A SERVICE CONNECTION AND IF WATER SERVICE IS MADE AVAILABLE, AGREES TO THE FOLLOWING:

1. Pay a minimum monthly meter charge of \$25.76 up to and including the first 1,000 gallons for each water service from the time service is made available. Pay for all water used over one thousand five hundred gallons at the rate schedule adopted by So-Hi Domestic Water Improvement District (SHDWID) Board of Directors. (See customer information)
2. The District will read the meters and a bill will be rendered for the month in which the water was used. The undersigned agrees to pay said service bill on or before the 20th of each month. A LATE FEE OF \$5.00 WILL BE ASSESSED ON ALL PAYMENTS RECEIVED AFTER THE 30TH. One late notice is sent. If payment is not received within ten days after the account becomes delinquent, service will be disconnected. Service will be restored only after all due bills are paid in full and, if required, a deposit and service fee. If no bill is received due to the failure of the Postal Service, the undersigned is not exempt from his obligation for service rendered. There will be a \$15.00 fee charged for service to be restored once it has been shut off.
3. The water supplied by the District shall be for the sole use of the undersigned and family and guests. The undersigned agrees that he will not extend or permit the extension of pipes or hoses for the purpose of transferring water from one property to another, nor will water be shared, resold, or sub-metered to any other customer. Each meter shall supply water to only one residence or business.
4. The laws of the State of Arizona and the Rules and Regulations of the SHDWID as presently existing or as may be amended are made part of this agreement as though fully set out herein.

Please print clearly and fill out both sides:

Service Address:	Billing Address (If different from service address):
Name: _____	Name: _____
Address: _____	Address: _____
City: _____	City: _____

In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age or disability. To file a complaint of discrimination write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, or call (800)795-3272 (voice) or (202)720-6382 (TDD).

State: _____ Zip: _____ State: _____ Zip: _____

Telephone: _____

Cell Phone: _____

No. of individuals in household: _____ Beginning Date for Service: _____

E-mail address: _____

Please check applicable:

I do not wish to furnish this information

Ethnicity: Hispanic or Latino Not Hispanic or Latino

Race: American Indian or Alaska Native

Asian

Black or African American

Native Hawaiian or Other Pacific Islander

White

Sex: Female Male

Signature: _____ Date: _____
(Include a copy of a current driver's license or other current form of picture identification with the application.)

For Office Use:

ID:

Payment:

Route No:

Account No: