

SO-HI DOMESTIC WATER IMPROVEMENT DISTRICT

4345 SO HI BOULEVARD

GOLDEN VALLEY, AZ 86413

Phone: 928-565-3540 Fax: 928-565-3792

E-mail: shdwid@citlink.net

APPLICATION FOR WATER SERVICE

FEES REQUIRED AT TIME OF APPLICATION:

TEMPORARY CONNECTION FEE: 35.00

TOTAL: \$ 35.00

Please fill out and return both pages

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

1. Pay for all water used at the rate schedule adopted by So-Hi Domestic Water Improvement District (SHDWID) Board of Directors. (See www.sohiwater.org for rate schedule)
2. The District will read the meters for the service dates and a bill will be sent out. Payment is due on receipt. Any unpaid bills will be attached to the service property, and water service will not be resumed until all charges are paid. If no bill is received due to the failure of the Postal Service, the undersigned is not exempt from his obligation for service rendered.
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:

Service Address:

Billing Address (If different from service address):

Name: _____

Name: _____

Address: _____

Address: _____

City: _____

City: _____

State: _____ Zip: _____

State: _____ Zip: _____

Telephone: _____

Telephone: _____

State: _____ Zip: _____

State: _____ Zip: _____

Beginning Date for Service: _____

End Date for Service: _____

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).

Revised 11/14

Telephone: _____

Cell Phone: _____

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: _____

For Office Use:

ID: _____

Payment: _____

Route No: _____

Account No: _____