

**SO-HI DOMESTIC WATER IMPROVEMENT DISTRICT**

**4345 SO HI BOULEVARD**

**GOLDEN VALLEY, AZ 86413**

**Phone: 928-565-3540 Fax: 928-233-7623**

**[E-mail: sohih2o@gmail.com](mailto:sohih2o@gmail.com)**

**APPLICATION FOR METER INSTALLATION**

**FEES REQUIRED AT TIME OF APPLICATION:**

**METER INSTALLATION: 2,625.00**

**SPLIT LOT FEE (IF APPLICABLE): \$750.00**

**SERVICE FEE: 35.00**

**DEPOSIT: 150.00**

**CONNECTION FEE: 1,000.00**

**TOTAL: \$3,810.00 \$4,560.00 IF SPLIT LOT**

**Please print clearly:**

*Note: There are 3 pages - please fill out completely*

Assessors' Parcel Number (Example: 330-xx-xxxx): \_\_\_\_\_

Legal description of property: \_\_\_\_\_

Property Address (Number, Street): \_\_\_\_\_

***Note: The address must be conspicuously posted on the property. The number painted on a board will suffice, but must be visible.***

Applicant: \_\_\_\_\_

Applicant Address: \_\_\_\_\_

\_\_\_\_\_

Applicant Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Will the applicant be residing at the property? (y/n): \_\_\_\_\_

Does the applicant have a building permit? (y/n): \_\_\_\_\_

Approximate date service needed: \_\_\_\_\_

*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 07/19*

*Please read the following information, sign and date the application.*

**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 \$27.28 for each water service from the time service is made available. Pay for all water used 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 20<sup>th</sup> of each month. A LATE FEE OF FIVE DOLLARS (\$5.00) WILL BE ASSESSED ON ALL PAYMENTS RECEIVED AFTER THE 30<sup>TH</sup>. No late notice is sent. If payment is not received within five 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.
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.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Rates:**

Base fee:	27.28 + 3.00 surcharge
0 to 5,000 (per thousand):	4.37
5,001 to 7,500 (per thousand):	5.73
7,501 to 10,000 (per thousand):	7.09
10,001 to 12,500 (per thousand):	8.45
12,001 to 15, 000 (per thousand):	9.82
Over 15,001 (per thousand):	11.18

Return completed application and fees to:

So-Hi Water District  
4345 So Hi Blvd.  
Golden Valley, AZ 86413

???? 928)565-3540

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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

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**For Office Use:**

ID: \_\_\_\_\_

Payment: \_\_\_\_\_

Route No: \_\_\_\_\_

Account No: \_\_\_\_\_

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