

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 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 07/18

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: _____