



# CHANDLER UTILITIES NEW SERVICE APPLICATION

**APPLICANT'S INFORMATION (PLEASE PRINT)**

SERVICE DATE \_\_\_\_\_ NAME \_\_\_\_\_

SERVICE ADDRESS \_\_\_\_\_ SS # \_\_\_\_\_

BILLING ADDRESS \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

HOME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_ DOB \_\_\_\_\_

BILLING OPTION: PAPER \_\_\_ E-BILL \_\_\_ BOTH \_\_\_ D/L NO \_\_\_\_\_

APPLICANT'S EMPLOYER \_\_\_\_\_

EMPLOYER ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

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**PROPERTY OWNER'S INFORMATION:** (CHECK HERE \_\_\_ IF SAME AS ABOVE)

OWNER'S NAME \_\_\_\_\_ OWNER'S PHONE \_\_\_\_\_

OWNER'S ADDRESS \_\_\_\_\_

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**SPOUSE OR JOINT ACCOUNT HOLDER'S INFORMATION**

SPOUSE \_\_\_ JOINT ACCOUNT HOLDER \_\_\_ RELATIONSHIP TO APPLICANT \_\_\_\_\_

NAME \_\_\_\_\_ SS # \_\_\_\_\_

DOB \_\_\_\_\_ CELL PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_

**FINANCIAL RESPONSIBILITY AGREEMENT:** I/we understand that if any unpaid balance is assigned to a third party collection agency for collection or placed with an attorney to obtain judgment or otherwise satisfy payment of my account, a collection fee equal to 33.3% of the entire unpaid balance will be added to my account. I/we agree to pay that fee. Initial here: \_\_\_\_\_. I/we further agree to pay reasonable attorney fees and court costs and pre- and post-judgment interest if a judgment is granted against me/us. I/we expressly authorize Chandler Utilities and any of its agents to contact me/us by telephone at any of the numbers provided, including any wireless number for me/us and spouses which could result in charges to me/us. I/we agree that I/we may also be contacted by sending text messages and/or emails using any email addresses provided. Furthermore, I/we also authorize methods of contact which may include using pre-recorded and/or artificial voice messages and/or automatic dialing devices.

SIGNATURE: \_\_\_\_\_ DATE \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE \_\_\_\_\_

**\*\*\*\*\* TO BE COMPLETED BY CHANDLER UTILITIES \*\*\*\*\***

WATER DEPOSIT PAID: \$ \_\_\_\_\_ RECEIPT # \_\_\_\_\_ DATE PAID \_\_\_\_\_

SEWER DEPOSIT PAID: \$ \_\_\_\_\_ RECEIPT # \_\_\_\_\_ DATE PAID \_\_\_\_\_

Book # \_\_\_\_\_ Account # \_\_\_\_\_ Start Date \_\_\_\_\_