



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 _____

YOU WILL BE SIGNED UP FOR OUR REACH PROGRAM THAT ALERTS YOU TO EVENTS AFFECTING YOUR AREA SUCH AS WATER LINE BREAKS, BOIL ADVISORIES, FLUSHING, ROAD CLOSURES AND LEAF PICKUP.

PROPERTY OWNER'S INFORMATION: (CHECK HERE ___ IF SAME AS ABOVE)

OWNER'S NAME _____ OWNER'S PHONE _____

OWNER'S ADDRESS _____

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 _____