



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 _____ PHONE _____

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 _____ CELL PHONE _____

DOB _____ SS# _____

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 _____

IRRIGATION DEPOSIT \$ _____ RECEIPT# _____ DATE PAID _____

Book # _____ Account # _____ Start Date _____