



CHANDLER UTILITIES NEW SERVICE APPLICATION

APPLICANT'S INFORMATION: (PLEASE PRINT)

SERVICE DATE: _____ NAME: _____

SERVICE ADDRESS: _____ SSN: _____

BILLING ADDRESS: _____

EMAIL ADDRESS: _____

HOME PHONE: _____ CELL PHONE: _____

DOB: _____ D/L #: _____

APPLICANT'S EMPLOYER: _____ PHONE: _____

PROPERTY OWNER'S INFORMATION: (CHECK ____ 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: _____ SSN: _____

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: _____