## Granite Oaks Water Users Association PO Box 4947 Chino Valley, AZ 86323

(928) 583-0655

## **APPLICATION FOR SERVICE**

Print this form and mail with payment (check or money order only) to address above.

Installation fee is refunded over 10 yr period to occupant.  Transfer or Activation: Service transfer fee \$25.00 + \$1.59 (tax) = \$26.59  Basic Service Rate by Meter State* \$20.00 for first 1,000 gallons and the state of the st	New Meter Installation Installation fee Activation fee Sales Tax	<b>5/8"x3/4"</b> \$250.00 \$ 25.00 <u>\$ 1.59</u> \$276.59	<b>3/4"</b> \$275.00 \$ 25.00 <u>\$ 1.59</u> \$301.59	<b>1"</b> \$300.00 \$ 25.00 <u>\$ 1.59</u> \$326.59		
Basic Service Rate by Meter Size*  \$20.00 for first 1,000 gallons 34** \$30.00 for first 1,000 gallons 1** \$50.00 for first 1,000 gallons 40 special sales to the special speci		•				
\$36"x34" \$32.00 for first 1.000 gallons 1" \$50.00 for first 1.000 gallons 20.00 for first 20.00 for first 20.00 gallons 20.00		ısfer fee \$25.0	00 + \$1.59 (tax) = \$26	5.59		
Name:	5/8"x3/4" \$20.00 for fi 3/4" \$30.00 for f 1" \$50.00 for f Additional usage is billed at \$2.00 per thou	irst 1,000 gallons irst 1,000 gallons ısand gallons over 1,000	After I Re-Co Meter gallons. Meter	Hours Establishment connect (Delinquent Account) Test (if correct) Re-read (if correct)	\$20.00 \$20.00 \$10.00	
Service Address:	PROPERTY OWNER: YES NO IF NO, PROPERTY OWNER MUST SIGN BELOW					
Email address:	Name:		Phor	ne Number:		
Email address:	Service Address:Prescott, AZ 86305					
Do you wish to have your bill delivered via email: Yes No  If you check "Yes" above, do you wish to receive a paper bill? Yes No  To sign up for AutoPay, attach a voided check and return with this form to the address below. If you want your payment withdrawn from your savings account, please attach a statement or information showing your savings account number and bank routing number.  Date Service Requested:	Billing Address:					
withdrawn from your savings account, please attach a statement or information showing your savings account number and bank routing number.  Date Service Requested:	Do you wish to have your bill delivered via email : Yes No					
Signature of Applicant:  FOR RENTAL PROPERTY:  Name of Property Owner:  City:  State:  Zip:  Phone No.  You will receive a copy of your tenant's monthly water bill. If you would like this delivered electronically, please provide your Email address:  AS THE OWNER, I CO-SIGN THIS APPLICATION AND AGREE TO PAY ANY UNPAID WATER BILL.	withdrawn from your savings account, please attach a statement or information showing your savings account number and					
FOR RENTAL PROPERTY:  Name of Property Owner: Address:  City: State: Zip: Phone No  You will receive a copy of your tenant's monthly water bill. If you would like this delivered electronically, please provide your Email address:  AS THE OWNER, I CO-SIGN THIS APPLICATION AND AGREE TO PAY ANY UNPAID WATER BILL.	Date Service Requested:	(	(Please use a r	eal date, not ASAP, ir	nmediately, etc.)	
Name of Property Owner: Address:  City: State: Zip: Phone No  You will receive a copy of your tenant's monthly water bill. If you would like this delivered electronically, please provide your Email address:  AS THE OWNER, I CO-SIGN THIS APPLICATION AND AGREE TO PAY ANY UNPAID WATER BILL.	Signature of Applicant:					
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AS THE OWNER, I CO-SIGN THIS APPLICATION AND AGREE TO PAY ANY UNPAID WATER BILL.	City: S	State:	Zip:	Phone No.		
OWNER SIGNATURE: DATE:	AS THE OWNER, I CO-SIGN THIS APPLICATION AND AGREE TO PAY ANY UNPAID WATER BILL.					
	OWNER SIGNATURE:					