

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.

New Meter Installation	5/8"x3/4"	3/4"	1"
Installation fee	\$250.00	\$275.00	\$300.00
Activation fee	\$ 25.00	\$ 25.00	\$ 25.00
Sales Tax	<u>\$ 1.59</u>	<u>\$ 1.59</u>	<u>\$ 1.59</u>
	\$276.59	\$301.59	\$326.59

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 Size*

5/8"x3/4"	\$20.00 for first 1,000 gallons
3/4"	\$30.00 for first 1,000 gallons
1"	\$50.00 for first 1,000 gallons

Other Charges

After Hours Establishment	\$50.00
Re-Connect (Delinquent Account)	\$20.00
Meter Test (if correct)	\$20.00
Meter Re-read (if correct)	\$10.00
NSF Check/Payment	\$15.00

Additional usage is billed at \$2.00 per thousand gallons over 1,000 gallons.

* Plus applicable local sales tax and/or gallon tax

PROPERTY OWNER: YES NO **IF NO, PROPERTY OWNER MUST SIGN BELOW**

Name: _____ Phone Number: _____

Service Address: _____ Prescott, AZ 86305

Billing Address: _____

If you wish to have your bill delivered via email provide your email address:

_____ Do you also wish to have a paper bill? YES NO
email address

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 If you want your payment withdrawn from your savings account, please attach a statement or information showing your savings account number and bank routing number.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: _____ (Please use a real date, not ASAP, immediately, etc.)

Signature of Applicant: _____

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.

OWNER SIGNATURE: _____ **DATE:** _____