ARIZONA CITY SANITARY DISTRICT

PO BOX 2377 • 12922 S KASHMIR RD. • ARIZONA CITY, AZ 85123
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APPLICATION/ESTABLISH SEWER SERVICE INFORMATION

Property Info:

Property Address: _____, Arizona City

Recording Date ▪ Escrow Closing: _____

Legal Owner Info:

Do you currently have an account with us? _____ Yes _____ No

Have you had an account with us within the past two (2) years? _____ Yes _____ No

Name(s): _____

Mailing Addrs: _____

**** Physical street address of an Arizona City home is NOT a valid mailing address****

Phone #: _____ Alternate #: _____

Email (Optional) _____

_____ ▪ _____ ▪ _____

Emergency Contact Name Phone # Relationship

I have read and understand the following:

1. Arizona City Sanitary District (ACSD) **does not** bill tenants (defined as: one who does not own property via a county recorded document; deed); the bills will be mailed to me, as the legal owner or a property manager only.
2. ACSD charges a flat fee; I am charged whether the home is occupied or vacant.
3. Billing is quarterly; bills are mailed at the end of March, June, September, and December.
4. Late fees - charged once a quarter at the rate of $5.00; if account is not paid in full by due date.
5. If a Disconnect Notice (orange door hanger) is issued, my account will be assessed $20.00.
6. It is my responsibility to keep ACSD informed of any mailing address changes or legal owner changes.
7. If my account becomes delinquent and has to be turned over for collections I agree to pay all collection fees.

_____ ▪ _____

Legal Owner Signature Date

_____ ▪ _____

Legal Owner Signature Date

For Office Use Only

New Acct # _____