

Acct#_	 	
S/O#		

Cottonwood Municipal Water & Wastewater Utility

CONTRACT FOR SERVICE

Mastercard, Visa, Discover, Check or Cash due at time of application

DATE SERVI	OF DESINE			LA	S1 4 DIGI1S OF SS# :	
EMAIL ADDRESS:						
Customer					Home Phone	
_	Last	First		Middle	Emergency Phone	
Driver's Licen	se/ID# _		s	tate	Expiration Date	
Secondary _					Home Phone	
	Last	First		Middle	Emergency Phone	
Driver's Licen	se/ID#		S	tate	Expiration Date	
Service Addre	ess					
Mailing Addre	ss					
OWNER RE	ALTOR	RENTER B	USINESS			
LANDLORD/PROP MANAGEMENT	ERTY					
	1	IAME			ADDRESS	PHONE
		C	USTOMER	ACCEPT	TANCE	
such services at 1 COTTONWOOD C such services to be modify the water va premise at all reas	the established ITY COUNCIL. used for any o alve contained was conable hours four orther agree to h	rates for my usage I agree to use sucther purpose other to within meter box. It for the purpose of it old THE CITY OF C	ge classification, h services for my than for my own p agree that the du nstallation or remo COTTONWOOD ha	and in acco own purpose urpose as allo ily authorized oval of meter armless for fro	DEPARTMENT for water and sewer se rdance with all rules and regulations is and further agree not to sell any par browed in my usage classification. I agree agents and employees at said CITY is is, and inspection of equipment incide or any claims, real or alleged, for loss of	s as approved by THE t of the same, or permit se not to tamper with, or shall have access to my
comply with the terr and that discontinua	ns of this contra ance will not co	ict, I agree that said nstitute waiver of an	l CITY, or its repre iv claims against r	sentatives, m	discontinuation of services. In the ever ay discontinue services hereunder with ervices rendered hereunder by said Cit ne collection agency fees and the outs	out further notice to me,
INTITIALS leak o reimbu	f any kind at the ursement of the	property you own/r	ent, you will be lia operty owner (you	ble for associa	ur name and is your responsibility. Sho ated charges, and it will be up to you to property management company). Charg	work out
INTITIALS payme autom comes	ents in twelve (1 atically reviewed	 months of consections Your security dep 	cutive billing. This posit will be credite	document willed to your acc	ment history. Good payment history me be kept in your customer file. Your pay punt or applied to your final bill, whiche refunds will go back to that agency up	ment history will be
Signed					Date	



COTTONWOOD MUNICIPAL WATER & WASTEWATER UTILITY

TEL: 928-634-0186 FAX: 928-639-4254

REQUEST FOR WATER / SEWER INFORMATION

DATE:	NAME:	
TELEPHONE:	FAX:	
FIRM:	TAX PARCEL #:	
ADDRESS:		
	YESNO. IF NO, NUMBER OF UNITS	
THIS REQUEST IS FOR INFORM	MATION REGARDING: WATER SE	EWER
DETAILS (OF INFORMATION REQUESTED	
SIGNATURE:	DATE:	THE STATE OF THE S
Please allow 7 to 10 l	business days for your request to be completed.	

Fax completed form to (928) 634-0186 or return to 111 N. Main St, Cottonwood AZ 86326.



CITY OF COTTONWOOD

Utilities Department / Water Division Water Connection Application

Applicant:
Applicant's Address:
City: Zip: Applicant's Phone: () Applicant's Fax: ()
Owner:
Owner's Address:
City:Zip:Email:
Owner's Phone: () Owner's Fax: ()
TYPE of SERVICE Residential Service / Commercial Service (circle)
Service Address: Type of Business:
Number of Fixture Units:Number of Stories:
Approved / Not Approved
By: Fire Line: (No) (Yes) Size Date: Meter Set: \$ Size Deposit, Establishment Fees and Taxes \$ Total: \$



CITY OF COTTONWOOD Utilities Department / Wastewater Division Sewer Tap Application

Applicant:	Parcel #	
Applicant's Address:		
	Zip:	
Applicant's Phone: (Applicant's Fax:()	-
Owner:		
	Zip:	•
Owner's Phone: ()	Owner's Fax: ()	
Service Address: Type of Business:	Residental Service / Commerical Service (circle)	
By:	Approved / Not Approved Fee: \$,

NOTE: A City of Cottonwood Right of Way Permit must be obtained from Public Works, 1490 West Mingus Ave. Cottonwood, AZ (634-8033)