



CITY OF TOLLESON

9555 West Van Buren • Tolleson, AZ 85353 • 623.936.7111 • fax 623.936.7117

ALL REQUIRED INFORMATION FOR UTILITY SERVICES / TRASH / SEWER MUST BE SENT VIA EMAIL TO Utility.Billing@tolleson.az.gov

ALL APPLICANTS MUST SUBMIT A COPY OF THEIR STATE ISSUED PICTURE ID AND MAIL A \$120 DEPOSIT

- OWNERS** MUST SUBMIT PROOF OF OWNERSHIP SUCH AS: PROPERTY DEED, SIGNED LOAN CLOSING DOCUMENTS OR SIGNED/ CERTIFIED SETTLEMENT STATEMENT ACCOMPANIED WITH A COPY OF EARNEST OR DEPOSIT CHECK
- RENTERS** MUST PROVIDE A SIGNED COPY OF THEIR RENTAL OR LEASE AGREEMENT AND OWNER MUST HAVE A CITY OF TOLLESON BUSINESS LICENSE
- MGMT CO AND LISTING AGENTS** WILL BE REQUIRED TO PROVIDE A COPY OF THEIR CONTRACT WITH THE OWNER

*****ALL DOCUMENTS PROVIDED ARE SUBJECT TO REVIEW FOR ACCEPTANCE APPROVAL*****

APPLICANT INFORMATION

NAME: _____ DATE: _____

SERVICE ADDRESS: _____ TOLLESON, AZ 85353

MAILING ADDRESS: _____

HOME# _____ CELL# _____ EMAIL _____

SANITATION MONTHLY FEE IS \$15: INCLUDES 1 TRASH & 1 RECYCLE CONTAINER (REQUIRED).

ADDITIONAL CONTAINERS REQUESTED: TRASH _____ RECYCLE _____ (EACH ADDITIONAL CONTAINER IS \$7.50/MONTH).

OWNER / MANAGEMENT INFORMATION

OWNER WILL LIVE AT THIS PROPERTY IF NOT: REGISTERED RENTAL PROPERTY COT BUS LIC# _____

OWNER'S NAME: _____ CONTACT# _____

ADDRESS: _____ EMAIL _____

PROPERTY MANAGEMENT CO., REALTOR, OR BROKER IF RENTING / LEASING: REGISTERED RENTAL PROPERTY

MGMT CO NAME: _____ CONTACT# _____

ADDRESS: _____ EMAIL _____

APPLICANT SIGNATURE

UNDER PENALTIES OF PERJURY, I DECLARE THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF THE INFORMATION STATED ABOVE IS TRUE, CORRECT, AND COMPLETE. IN ADDITION YOUR SIGNATURE AUTHORIZES US TO RELEASE YOUR ACCOUNT BALANCE TO THE PROPERTY OWNER OR THEIR REPRESENTATIVE. NOTIFICATION OF SIGNED SERVICE APPLICATION WILL BE THE RESPONSIBILITY OF THE PERSON USING THE WATER ACCOUNT THAT IS STATED ABOVE. IT IS AGREED THAT THE ABOVE WATER USER WILL BE RESPONSIBLE FOR ALL UTILITY CHARGES INCURRED UNTIL THE CITY OF TOLLESON IS NOTIFIED IN WRITING TO TERMINATE SERVICES.

APPLICANT SIGNATURE _____ DATE _____

FOR OFFICE USE ONLY

SANITATION: Work Order# _____ Sent on _____ / _____ / _____ @ _____ AM / PM

METER: TURN ON & READ Work Order# _____ Sent on _____ / _____ / _____ @ _____ AM / PM

Previous Applicant: _____ Previous Account # _____

New Account # _____ New Service Date: _____ / _____ / _____

Photo ID Verify Registered Rental Property Lease / Rental Agreement Verify Ownership Documents

Verify Current Business License _____ DEPOSIT Receipt # _____ COMPLETED BY _____