



# VAIL WATER COMPANY

Account Number: \_\_\_\_\_

## CUSTOMER SERVICE AGREEMENT

One business day is required to connect service; excluding holidays.

Date of Application:	Requested Start Date:	Are you: (circle one) <b>OWNER</b> or <b>TENANT</b>
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**SERVICE ADDRESS:**

Street:	City:	ST:	Zip:
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**APPLICANT INFO:**

Resident Name:	Date of Birth:
Resident E-mail:	Phone #:

**CO-APPLICANT INFO:** (co-applicant has all privileges including open/close, billing inquiry, or payment).

Name:	Date of Birth:
E-Mail:	Phone #:

**MAILING ADDRESS:** (If different from service address)

Street:	City:	ST:	Zip:
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**LANDLORD/PROPERTY MGR INFORMATION:** (if applicant is tenant)

Landlord/Mgr Name:	Phone:
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**AGREEMENT**

I/WE HEREBY APPLY FOR SERVICE AT THE ABOVE REFERENCED SERVICE ADDRESS AND AGREE TO ABIDE BY ALL THE RULES AND REGULATIONS SET FORTH BY VAIL WATER COMPANY AS DETERMINED BY THE ARIZONA CORPORATION COMMISSION.

1. Establishment Fee	\$25.00	Establishment Fee (Non-Refundable)
2. Guarantee Deposit	\$75.00	Guarantee Deposit (Applied to Final Bill)
3. Same Day Fee	\$50.00	Same Day Service Fee (Non-Refundable)
		(If applicable)
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TOTAL AMT (will be on 1 <sup>st</sup> bill)	\$100.00	Charges applied to 1 <sup>st</sup> Bill

**BY SIGNING THIS AGREEMENT I/WE ACCEPT FULL RESPONSIBILITY AND RELEASE VAIL WATER ANY LIABILITY FOR DAMAGES DUE TO OPEN OR DEFECTIVE WATER SYSTEM ON CUSTOMER SIDE OF METER.**

Applicant Signature	Date	Co-Applicant Signature	Date
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