



**CITY OF CASA GRANDE**  
**SERVICE APPLICATION - Residential**  
 \$100 Refundable Deposit and \$25 Setup Fee  
 (\$82 nonrefundable new container fee, if requested)

DATE: \_\_\_\_\_

Service Start Date: \_\_\_\_\_

Owner (final settlement statement or deed showing proof of ownership)

Renter Landlord's Name: \_\_\_\_\_

(If landlord is mgmt. co, need copy of lease/rental agreement)

Service Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

**1<sup>ST</sup> Applicants Name:** \_\_\_\_\_

Previous Address: \_\_\_\_\_

Driver's License # (attach legible copy) \_\_\_\_\_ State of Issue \_\_\_\_\_

Social Security # \_\_\_\_\_ Date of Birth \_\_\_\_\_

Email Address \_\_\_\_\_ Phone Number \_\_\_\_\_

Employer's Name \_\_\_\_\_ Work Number \_\_\_\_\_

Employer's Address \_\_\_\_\_

**2<sup>ND</sup> Applicants Name:** \_\_\_\_\_

Previous Address: \_\_\_\_\_

Driver's License # (attach legible copy) \_\_\_\_\_ State of Issue \_\_\_\_\_

Social Security # \_\_\_\_\_ Date of Birth \_\_\_\_\_

Email Address \_\_\_\_\_ Phone Number \_\_\_\_\_

Employer's Name \_\_\_\_\_ Work Number \_\_\_\_\_

Employer's Address \_\_\_\_\_

**Others Authorized** \_\_\_\_\_

**References:**

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

**Service Applied For:**

\_\_\_ Wastewater \_\_\_ Sanitation \_\_\_ Water (Santa Rosa Ranch & Saddleback Farms ONLY)

**Applicants Signatures:**

By signing this form, I agree to make monthly payments by the due date.

Any outstanding balance will be assessed a 1.5% per month penalty and may be subject to disconnect.

1 \_\_\_\_\_ 2 \_\_\_\_\_

**Finance use only:**

Account # \_\_\_\_\_ Need Container: \_\_\_ Billing Method: email \_\_\_ Mail \_\_\_

Received by \_\_\_\_\_ Approved by \_\_\_\_\_ Entered by \_\_\_\_\_

**510 E FLORENCE BLVD \* CASA GRANDE ARIZONA 85122 \* 520-421-8601 \* FAX 520-421-8603 \***