

**City of Casa Grande****Service Application - Residential**

**\$100 Refundable Deposit and \$25 Setup Fee per account  
(\$30 nonrefundable new container fee, if requested)**

Finance Department Use Only:

Acct # \_\_\_\_\_

Billing Method:  Email  Mail

Autodraft Requested:  Yes  No

Container Requested:  Yes  No

Recycle Bin Requested:  Yes  No

Today's Date: \_\_\_\_\_

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

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

Mailing Address, if different: \_\_\_\_\_

Owner (Documentation showing ownership required – i.e. copy of final settlement statement or deed)

Lease / Rent (If leased or rented from a property management company, a copy must be provided)

Landlord: \_\_\_\_\_ Landlord's Acct #: \_\_\_\_\_

Primary Applicants Name: \_\_\_\_\_

Previous Address: \_\_\_\_\_ How Long: \_\_\_\_\_

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

Driver's License Number (attach copy): \_\_\_\_\_ State of Issue: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Secondary Applicants Name: \_\_\_\_\_

Previous Address: \_\_\_\_\_ How Long: \_\_\_\_\_

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

Driver's License Number (attach copy): \_\_\_\_\_ State of Issue: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Employer Address: \_\_\_\_\_

**Others Authorized On Acct:**

Name and Relationship: \_\_\_\_\_

Name and Relationship: \_\_\_\_\_

Name and Relationship: \_\_\_\_\_

**Personal References:**

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

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

**Services Requested:**

Wastewater  Sanitation  Water (Only available in Santa Rosa Ranch & Saddleback Farms)

**Applicants Signatures:** By signing this form, we agree to make monthly payments by the due date. Any outstanding balance will be assessed a 1.5% per month penalty. Delinquent accounts may be subject to collection action, including the assessment of additional fees, penalties, discontinuation of services and disconnection.

**For Tenants--**Additionally, by signing this form we acknowledge that the City may inform our Landlord of any missed payments, and/or any delinquency status, on this account.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Arizona Revised Statute § 9-495 requires in any written communication between a city or town and a person to provide the name, number, and email address of the employee who is authorized and able to provide information about the communication if the communication does any of the following: Demands payment of a tax, fee, penalty, fine or assessment; Denies an application license that is issued by the city or town; or requests corrections, revisions or additional information or materials needed for approval application for a permit, license or other authorization that is issued by the city or town. An employee who is authorized and able information about any communication that is described above shall reply within five (5) business days after the city or town receives communication.