

Complete application in full and return to the Star Valley Water Department with deposit.  
Also include a copy of your driver's license and Social Security card.

**TOWN OF STAR VALLEY  
WATER DEPARTMENT  
3675 E. Highway 269  
Star Valley, AZ 85541  
Phone: (928) 472-7752  
Fax: (928) 472-7795**



**APPLICATION FOR WATER SERVICE  
AND RECEIPT FOR DEPOSIT  
(Commercial)**

W. O. # \_\_\_\_\_  
ACCT. # \_\_\_\_\_  
Start Date \_\_\_\_\_  
Check # \_\_\_\_\_

Customer Name: \_\_\_\_\_  
EIN #: \_\_\_\_\_ D.L. #: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Business Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Contact: \_\_\_\_\_ E-Mail: \_\_\_\_\_  
Service Location: \_\_\_\_\_  
Lot #: \_\_\_\_\_ Subdivision: \_\_\_\_\_

\$\_\_\_\_\_ deposit received from above-named consumer for water service to above-described property. In consideration of the Town's furnishing water service, the consumer agrees that such service shall be in accordance with the rules and regulations of the Town of Star Valley relating to the municipal water system, and in accordance with the department rules and regulations which may be approved by the Common Council of the Town of Star Valley. The Town of Star Valley Water Department reserves the right to increase the security deposit on this account when necessary due to any unsatisfactory payment history.

Consumer hereby acknowledges responsibility for all water service rendered by the Town of Star Valley until the Town receives notification from the consumer to discontinue service, or until the Town of Star Valley discontinues service. Consumer's deposit will be held for final billing. The consumer agrees to pay all costs of collection, including collection agency fees and/or attorney fees, court costs and other expenses incurred in the collection of any delinquent balance.

HAVE YOU PREVIOUSLY HAD WATER SERVICE WITH THE TOSV? \_\_\_\_\_  
DATE TO FINAL CURRENT SERVICE: \_\_\_\_\_

\_\_\_\_\_  
CONSUMER'S SIGNATURE DATE

**TOWN OF STAR VALLEY WATER DEPARTMENT**

By: \_\_\_\_\_