

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**



CUSTOMER SERVICE CHANGE REQUEST FORM

PLEASE MAKE THE FOLLOWING CHANGES TO MY ACCOUNT:

CURRENT INFORMATION:

NEW INFORMATION:

Account Number: _____

Service Location: _____

Name: _____

Mailing Address: _____

Phone Number: _____

Reason for Change: _____

I understand that the deposit on my account will be transferred to the above named person.

Current Account Holder

Date

\$_____ 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.

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.

New Account Holder

Date

Driver's License Number

Social Security Number