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

	AND RECEII I FOR DEI OSII
	(Residential)
	W. O. #
	ACCT.#
	Start Date
	Check #
Customer Name:	Spouse:
S.S. #:	D.L. #:
Mailing Address:	
Phone:	E-Mail:
Work Phone:	
Service Location:	
Lot #:	Subdivision:
property. In consideration of the finaccordance with the rules and and in accordance with the department of Star Valley. The Taleposit on this account when necessary to the consumer hereby acknowledges Town receives notification from service. Consumer's deposit we	received from above-named consumer for water service to above-described a Town's furnishing water service, the consumer agrees that such service shall be a regulations of the Town of Star Valley relating to the municipal water system, rement rules and regulations which may be approved by the Common Council of own of Star Valley Water Department reserves the right to increase the security essary due to any unsatisfactory payment history. The consumer to discontinue service, or until the Town of Star Valley discontinues be held for final billing. The consumer agrees to pay all costs of collection, and/or attorney fees, court costs and other expenses incurred in the collection of
HAVE YOU PREVIOUSLY HA	D WATER SERVICE WITH THE TOSV? ERVICE:
CONSUMER'S SIGNATURE	DATE
TOWN OF STAR VALLEY WA	TER DEPARTMENT