

San Simon Water Improvement District

P.O. Box 14827

San Simon, Arizona 85632

520-845-2451

Utility Application

Name (Print) _____

Co-Applicant (Print) _____

Business Name _____

Mailing Address _____

Street/Box

City

State

Zip

Home/Message Phone # _____ Work Phone # _____

Property Address _____

Property Owner's Name and Address: _____

Name, Address and Telephone # of Nearest Relative not residing with you.

Connection Date Requested _____

The undersigned hereby applies to the San Simon Water Improvement District (SSWID) for services and agrees to pay for such service at the regular published rate and in accordance with the applicable rules of the SSWID. The undersigned also agrees to pay for such service until SSWID is notified in writing on the form provided by the DDWID that service is to be disconnected. I/We agree the SSWID, or its representative may discontinue service without further notice in the event of failure on my/our part to comply with the terms and conditions of this agreement.

Date: _____ Applicant _____

Date: _____ Co-Applicant _____

For Office Use only:

Driver's License or ID _____
Number **State** **EXP DATE**

Connection Fee: \$100.00.

Date Paid: _____

Cash _____

Check # _____

MO # _____

Meter # _____ **Connect Date:** _____

Account# _____

Signature of SSWID Representative:

Date: _____

Fluoride Decree discussed: _____

Water Kiosk Machine: _____

Payment Due Date and Meter Read Date: _____