

530 E MONROE AVE
BUCKEYE AZ 85326
(623) 349-6100



MONDAY – THURSDAY
7:00 AM – 6:00 PM
UTILITYBILLING@BUCKEYEAZ.GOV

APPLICATION FOR UTILITY SERVICES

APPLICANT INFORMATION:

APPLICANT # 1 (LAST NAME, FIRST)	APPLICANT # 2 (LAST NAME, FIRST)
1.	2.
DOB:	DOB:
SSN/TAX ID:	SSN/TAX ID:
ID:	ID:
PHONE #:	PHONE #:
EMAIL:	PHONE PASSWORD:

*WE REQUIRE COPY OF GOVERNMENT ISSUED ID WITH PHOTO

** FOR ONLINE APPLICATIONS: A REPRESENTATIVE WILL CALL YOU TO COLLECT PAYMENT FOR YOUR DEPOSIT

TODAYS DATE:	CONNECT DATE(MON-THU):
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PROPERTY INFORMATION: (MARK ONE) OWNER TENANT PROPERTY MANAGEMENT

PROPERTY ADDRESS:	
MAILING ADDRES:	
SUBDIVISION:	

REQUIRED INFORMATION FROM: TITLE COMPANY / LANDLORD / PROPERTY MANAGEMENT

NAME:	
ADDRESS:	
PHONE #:	

NOTE: A LEASE AGREEMENT MAY BE REQUIRED

VACATION HOLD	START DATE:	END DATE:
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FOR WATER CUSTOMERS: To proceed with the service connection, the premises must be ready for service. The City of Buckeye assumes no liability for property damage which may occur as a result of uncontrolled water flow beyond the meter due to open valves, plumbing leaks, fixtures or appliances.

FOR ALL CUSTOMERS: By submitting this application, I/we declare under penalty of perjury under the laws of the State of Arizona that all information is true and correct. I have the lawful authority to activate utility services for the address identified on the submittal; I am accepting all financial responsibility for the utilities account, and I agree that I will remain financially responsible for the utility account until I submit the Termination Request Form signed by me to the Buckeye Utility Billing Department and the account has been paid in full. I acknowledge I have received a copy of the credit policies, fees, deposits and other information related to City of Buckeye Utility Accounts.

SIGNATURE OF APPLICANT #1

SIGNATURE OF APPLICANT #2

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OFFICE USE ONLY:	ACCOUNT #:
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