

**CITY HALL**  
530 E MONROE AVE  
BUCKEYE AZ 85326

**SUNDANCE**  
21749 W YUMA RD  
BUCKEYE AZ 85326



MONDAY – THURSDAY

7:00 AM – 6:00 PM

[UTILITYBILLING@BUCKEYEAZ.GOV](mailto:UTILITYBILLING@BUCKEYEAZ.GOV)

623-349-6100

## APPLICATION FOR UTILITY SERVICES (RESIDENTIAL)

### APPLICANT INFORMATION:

APPLICANT 1	APPLICANT 2
NAME (LAST, FIRST):	NAME (LAST, FIRST):
DATE OF BIRTH:	DATE OF BIRTH:
SOCIAL SECURITY # (LAST FOUR):	SOCIAL SECURITY # (LAST FOUR):
ID NUMBER/DRIVER LICENSE:	ID NUMBER/DRIVER LICENSE:
PHONE #:	PHONE #:
EMAIL:	EMAIL:
VERBAL PASSWORD OR PIN NUMBER:	

**\*\*DEPOSITS REQUIRED AT TIME OF APPLICATION SUBMITTAL: WATER: \$85.00 SEWER: \$60.00 SANITATION: \$30.00**

<b>TODAY'S DATE:</b>	<b>CONNECT DATE:</b> <small>(MON – THURS EXCLUDING HOLIDAYS)</small>
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**\*\* EMAILED APPLICATIONS WILL RECEIVE CONFIRMATION AND DEPOSIT REQUEST EMAIL FROM [UTILITYBILLING@BUCKEYEAZ.GOV](mailto:UTILITYBILLING@BUCKEYEAZ.GOV)**

**ARE YOU THE?** (MARK ONE)     OWNER     TENANT     PROPERTY MANAGEMENT

PROPERTY ADDRESS:	
MAILING ADDRESS:	
SUBDIVISION:	

**REQUIRED INFORMATION FROM:** OWNER: TITLE COMPANY / \*TENANT: LANDLORD / PROPERTY MANAGEMENT

NAME:	
ADDRESS:	PHONE #:

**\* SIGNED LEASE AGREEMENT REQUIRED FOR TENANTS**

**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 because of uncontrolled water flow beyond the meter due to open valves, plumbing leaks, fixtures or appliances. An additional fee will apply to the first bill for same day service requests.

**DISCLAIMER:** 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 this application form. I am accepting all financial responsibility for the utilities account and I agree, 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 is 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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<b>VACATION HOLD:</b>	START DATE:	END DATE:
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<b>OFFICE USE ONLY:</b>	<b>ACCOUNT #:</b>	<b>CID #:</b>	<b>CYCLE:</b>
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