



Cottonwood Municipal Water & Wastewater Utility
111 N. Main St. Cottonwood, AZ 86326
Phone: (928) 634-0186 Fax: (928) 639-4254

Acct# _____

S/O# _____

CONTRACT FOR SERVICE

Mastercard, Visa, Discover, Check or Cash due at time of application

DATE SERVICE DESIRED: _____ **LAST 4 DIGITS OF SS# :**1st _____ /2nd _____

EMAIL ADDRESS: _____

Customer _____
Last _____ First _____ Middle _____
Home Phone _____
Emergency Phone _____

Driver's License/ID# _____ State _____ Expiration Date _____

Secondary _____
Last _____ First _____ Middle _____
Home Phone _____
Emergency Phone _____

Driver's License/ID# _____ State _____ Expiration Date _____

Service Address _____

Mailing Address _____

OWNER REALTOR RENTER BUSINESS

LANDLORD/PROPERTY
MANAGEMENT

NAME _____

ADDRESS _____

PHONE _____

CUSTOMER ACCEPTANCE

I, the undersigned, hereby make contract to THE CITY OF COTTONWOOD UTILITY DEPARTMENT for water and sewer services. I agree to pay for such services at the established rates for my usage classification, and in accordance with all rules and regulations as approved by THE COTTONWOOD CITY COUNCIL. I agree to use such services for my own purposes and further agree not to sell any part of the same, or permit such services to be used for any other purpose other than for my own purpose as allowed in my usage classification. I agree not to tamper with, or modify the water valve contained within meter box. I agree that the duly authorized agents and employees at said CITY shall have access to my premise at all reasonable hours for the purpose of installation or removal of meters, and inspection of equipment incidental to carrying out this agreement, and I further agree to hold THE CITY OF COTTONWOOD harmless for from any claims, real or alleged, for loss or damage to property or persons arising out of the delivery of services beyond the point of the metering.

I agree to give the said CITY 1 business day notice prior to vacating the premises and discontinuation of services. In the event of failure on my part to comply with the terms of this contract, I agree that said CITY, or its representatives, may discontinue services hereunder without further notice to me, and that discontinuance will not constitute waiver of any claims against me for prior services rendered hereunder by said City. I also agree that if my account is sent to a collection agency as of my failure to pay that I will be liable for the collection agency fees and the outstanding amount due the CITY.

INITIALS You have signed up for Water/Wastewater services. This account is in your name and is your responsibility. Should you experience a leak of any kind at the property you own/rent, you will be liable for associated charges, and it will be up to you to work out reimbursement of the water bill with the property owner (your landlord or property management company). Charges for leaks will be billed to you and will remain your responsibility.

INITIALS A Security deposit is due when service is established. The deposit can be waived if any of the following terms are met:
1. The customer has an existing open account showing no late fees or charges in the past twelve (12) months.
2. The customer has closed an account within the prior six months with no late fees or charges for the prior (12) months on the account.
3. The applicant completes and submits an auto withdrawal form with the application or enrolls in auto pay before the first billing.(If the customer cancels the auto withdrawal within the first 12 months the \$100 security deposit will be required to maintain service). Waiver of security deposits shall be at the discretion of the utility department.

Your security deposit is refundable after twelve (12) full months good payment history. Good payment history means NO late payments in twelve (12) months of consecutive billing. Your payment history will be automatically reviewed. Your security deposit will be credited to your account or applied to your final bill, whichever comes first. If you received assistance from a social service agency any refunds will go back to that agency up to the amount given for your assistance.

Signed _____ **Date** _____

Signed _____ **Date** _____