



ARIZONA CITY SANITARY DISTRICT

PO BOX 2377 • 12922 S KASHMIR RD. • ARIZONA CITY, AZ 85223

OFFICE: (520) 466-5203 • FAX: (520) 466-5849 • e-mail: acsdinfo@azcitysewer.net

APPLICATION FOR SEWER SERVICE

Property Info:

Property Address: _____, Arizona City, AZ 85223

Escrow Closing Date: _____

Legal Owner Info:

Name(s): _____

Mailing Address: _____

(City) (State) (Zip)

Phone: _____ Email (Optional) _____

Social Security # (Last four (4) only) _____ or Business EIN _____

Relative Not Living With You // Relationship // Phone # of Relative

Employer Info:

Retired Self-Employed

-OR-

Name: _____

Address: _____

(City) (State) (Zip)

Phone #: _____

I understand that Arizona City Sanitary District (ACSD) charges a flat fee and I am charged whether the home is occupied or vacant. I understand that ACSD will send the bills to me, as the legal owner or a property manager. I further understand that ACSD does not bill tenants. It is my responsibility to keep ACSD informed of any mailing address changes or legal owner changes.

If my account becomes delinquent and has to be turned over for collections I agree to pay collection fees.

Signature / Date

Signature / Date