Joseph City Utilities Po Box 147 4504 1st North Joseph City, AZ 86032

Phone: (928)288-3455 Fax: (844)257-0248

josephcityutilities@gmail.com



## **Bulk Water Service Application**

Customer Name:			Date:	
		Phone: City:		
				State:
EIN:		Expected Commercial Usage:		
Utilities will recustomer wi water usage completion. usage repor	equire a deposit of \$10 Il be required to provi e will be reported to Ke Joseph City Utilities w t, applying the depos	a rate of \$2.50/1000 ga 00.00 before the projec- de a hydrant meter to the ellen Roberson every Fring will bill the customer upon it to the final bill. Final path the account. Paymentate fee.	t start date. The rack water usage, day until project n receiving the final payment is to be	
surrounding		ll responsibility of the hy seph City Utilities hydrar to repair.		
Signature:			Date:	
	<u>For</u>	Office Use Only		
Account #:_		Deposit Amt:	Cash/Check#	
Date Paid:				
Staff Sianature	<b>e</b> :		Date:	