



MAIL OR FAX COMPLETED FORMS TO:  
 CITY OF COOLIDGE  
 130 W. CENTRAL AVE.  
 COOLIDGE, AZ 85128  
 Phone: 520-723-5361/FAX: 520-723-7910  
 TDD: 520-723-4653

**CUSTOMER UTILITY SERVICE REQUEST AND AGREEMENT FOR SEWER SERVICE**  
*Proof of purchase date or a copy of the lease agreement is required*

DATE: \_\_\_\_\_ ACCOUNT # : \_\_\_\_\_ Deposit: \_\_\_\_\_ Setup Fee (non-refundable): \_\_\_\_\_

SERVICE ADDRESS: \_\_\_\_\_

**CUSTOMER NAME:** \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_ DRIVER LICENSE # \_\_\_\_\_ State \_\_\_\_\_  
 (copy to be attached )

DATE SERVICE TO COMMENCE \_\_\_\_\_

**WRITTEN NOTICE IS REQUIRED WHEN A PROPERTY CEASES TO BE OCCUPIED AND SERVICE IS TO BE DISCONTINUED. ACCOUNT HOLDER/OWNER AGREES TO PAY FOR SUCH SERVICES UNTIL SAID NOTICE AND TRASH CONTAINER IS RETURNED TO THE CITY.**

**PER COOLIDGE CITY CODE SECTION 12-7-2 (B) - THE CITY MAY ELECT TO ASSIGN UNPAID CHARGES, FEES, OR ASSESSMENTS TO A COLLECTION AGENCY OR ATTORNEY TO COLLECT. THE CITY MAY RECOVER ALL COSTS OF LITIGATIONS AND COLLECTION FROM THE ACCOUNT HOLDER, INCLUDING REASONABLE ATTORNEY'S FEES.**

**PER COOLIDGE CITY CODE SECTION 12-4-2 PAYMENT RESPONSIBILITY - THE INDIVIDUAL WHO HAS CONTRACTED FOR THE SERVICE AND RESIDES OR HAS RESIDED AT THE SERVICE ADDRESS SHALL BE RESPONSIBLE FOR PAYMENT OF ALL BILLS INCURRED IN CONNECTION WITH THE SEWER SERVICE PROVIDED. A PROPERTY OWNER, AN IMMEDIATE FAMILY MEMBER OF THE PERSON WHO DOES NOT RESIDE AT THE PROPERTY OR ANY OTHER ENTITY, AT ITS SOLE DISCRETION, MAY CONTRACT FOR SEWER SERVICE WITH THE CITY FOR SUCH SERVICES AND SHALL PROVIDE PAYMENT TO THE CITY FOR SUCH SERVICE.**

**A COPY OF THE COOLIDGE CITY CODE MAY BE REQUESTED AT CITY HALL FOR A FEE OR YOU MAY ACCESS IT ON THE CITY'S WEBSITE AT [coolidgeaz.com](http://coolidgeaz.com) – CITY HALL – CITY CLERK – COOLIDGE CODE**

**Understanding these rights and responsibilities, I do hereby agree and contract with the City of Coolidge, to pay all sewer services fees and charges for the service address listed in this Customer Utility Service Request and Agreement**

Customer Signature: \_\_\_\_\_

Date: \_\_\_\_\_

State of Arizona, County of Pinal signed before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by \_\_\_\_\_

Notary Public \_\_\_\_\_