UTILITY BILLING OFFICE
14406 N ALTO ST
EL MIRAGE, AZ 85335
623-933-1228

City of
EL MIRAGE
Arizona
GRAND HERITAGE, BRIGHT FUTURE!

MONDAY - THURSDAY
7:00 AM - 5:30 PM
Fax 623-876-4601
utilities@elmirageaz.gov

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

PROPERTY ADDRESS:	ZIP CODE:
PARCEL ID:	

REQUIRED INFORMATION FROM:		
OWNER	**TENANT**	**PROPERTY MANAGEMENT**
	SIGNED COPY OF LEASE AGREEMENT and	
CLOSING OR FINAL SETTLEMENT STATEMENT	LANDLORD ADDRESS	PROPERTY MANAGEMENT AGREEMENT
	LANDLORD PHONE	

APPLICANT INFORMATION	
APPLICANT #1 (LAST NAME, FIRST)	**APPLICANT #2** (LAST NAME, FIRST)
NAME:	NAME:
DOB:	DOB:
SSN/TAX ID:	SSN/TAX ID:
DL/ID: *	DL/ID: *
MAILING ADDRESS ZIP	MAILING ADDRESS ZIP
PHONE #:	PHONE #:
EMAIL:	EMAIL:
EMERGENCY CONTACT: NAME PHONE	EMERGENCY CONTACT: NAME PHONE

*Copy of Government issued photo ID required.
For all customers: To proceed with the service connection, the premises must be ready for service. The City of El Mirage assumes no liability for property damage which may occur as a result of uncontrolled water flow beyond the meter due to open valves, plumbing leaks, fixtures, or appliances.

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 the submittal; I am accepting all financial responsibility for the utilities account, and I agree that I will remain financially responsible for the utility account until I submit the Termination Request Form signed by me to the City of El Mirage Utility billing office and the account has been paid in full. I acknowledge I have received a copy of the fees, deposits and other information related to the City of El Mirage utility accounts.

SIGNATURE OF APPLICANT #1:	DATE	SIGNATURE OF APPLICANT #2:	DATE
X		X	

CITY USE ONLY		
BODY #	EMR #	REG #
MFGR NAME:	METER SIZE:	# DIALS	READ
FIELD NOTES:		
FIELD WORK COMPLETED BY:	DATE/TIME:	
ACCT TYPE: ◯ RES ◯ COML ◯ HYDRANT	SERVICES: ◯ WTR ◯ SWR ◯ GAR	
NEW ACCT FEE: $ DEPOSIT: $ OTHER: $ RECEIPT #		
DEP/BAL XFER FROM: ACCT # NAME AMT $		
APP RECD BY: DATE: ENT'D BY: DATE:		