



City of Yuma Water Service Agreement

	Rent		Own	Escrow #		Start Service Date	
Name						Complete SSN #	
Joint Applicant							
Service Address							
Mailing Address							
Home Phone						Cell Phone	
Email							
Employer Name						Work Phone	
DL #				State/ Exp Date		Date of Birth	
Do you need water disconnected at a previous address?					Yes	No	
If Yes, Address						AZ	ZIP
Disconnect Date							

SERVICES AGREEMENT:

I, the undersigned applicant hereby apply to the City of Yuma (“City”) for water, sewer, and/or trash services (“Services”). I agree to use such Services for my own purposes and agree not to sell or donate any part of the Services or permit the Services to be used for any other purpose. I agree to pay for such Services at the regular published rates and in accordance with City rules and regulations, which are made a part hereof. I agree that if my account under this Services Agreement (“Agreement”) is not paid promptly when due, and the City deems it necessary to resort to collection agencies or attorneys to collect the amount of the account, as the application I agree to pay a fifteen percent (15%) collection fee and one and one half percent (1.5%) interest per month on the unpaid balance and all costs and attorney fees in connection therewith. I agree that duly authorized agents and employees of the City shall have access to my premises at all reasonable hours for the purpose of installation or removal of meters and inspection of equipment incidental to carrying out this Agreement. I further agree to hold the City harmless from any claims, real or alleged, for loss or damage to property of persons arising out of delivery of Services beyond the point of metering. I agree to give the City notice when I cease to occupy the served premises and I desire Services discontinued. In the event of failure on my part to comply with the terms and conditions of the Agreement, I agree that the City or its representatives may discontinue Services hereunder without further notice to me, and that such discontinuance will not constitute a waiver of any claims against me for prior Services at any location rendered by the City.

By signing below, I acknowledge receipt of the above disclosure.

Primary Applicant Signature Required

Date

**Complete and sign the application with a copy of your photo ID to
custsvcs@yumaaz.gov or fax 928.373.5077.**