



Complete application in full and return to the Payson Water Department with deposit.  
 Include a copy of your driver's license and last 4 digits of Social Security No.



**Application for Water Service  
&  
Receipt for Deposit**

**TOWN OF PAYSON  
WATER DEPARTMENT**  
 303 North Beeline Highway #A  
 Payson, Arizona 85541  
 (928)474-5242

Remit completed application to:  
[water@paysonaz.gov](mailto:water@paysonaz.gov) or  
 fax to (928)472-2556

TOWN USE ONLY	
W/O # _____	_____
ACCT # _____	_____
Check # _____	_____

**Start Date** \_\_\_\_\_

Customer Names: \_\_\_\_\_ D L #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Last 4 #'s of S.S.N \_\_\_\_\_

Home/Cell/Work Phone #: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Service Location: \_\_\_\_\_ Lot #: \_\_\_\_\_ Subdivision: \_\_\_\_\_

**\$** \_\_\_\_\_ Deposit received from above-named consumer for water service to above-described property. In consideration of the Town's furnishing water service, the consumer agrees that such service shall be in accordance with the rules and regulations of the Town of Payson relating to the municipal water system, and in accordance with the department rules and regulations which may be approved by the Common Council of the Town of Payson. The Town of Payson Water Department reserves the right to increase the security deposit on this account when necessary due to any unsatisfactory payment history.

Consumer hereby acknowledges responsibility for all water service rendered by the Town of Payson until the Town receives notification from the consumer to discontinue service, or until the Town of Payson discontinues service. Consumer's deposit will be held for final billing. The consumer agrees to pay all costs of collection, including collection agency fees and/or attorney fees, court costs and other expenses incurred in the collection of any delinquent balance.

HAVE YOU PREVIOUSLY HAD WATER SERVICE WITH THE TOP? \_\_\_\_\_ DATE TO FINAL CURRENT SERVICE: \_\_\_\_\_

**PLEASE PRINT APPLICATION BEFORE SIGNING**

\_\_\_\_\_ **CUSTOMER'S SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_ **By** \_\_\_\_\_ **TOWN OF PAYSON WATER DEPARTMENT**

We only accept MasterCard, Visa or Discover

Account No. \_\_\_\_\_ Expiration Date \_\_\_\_\_ Card Verification Value (CVV) \_\_\_\_\_

Name on Account \_\_\_\_\_

Billing Address \_\_\_\_\_

\_\_\_\_\_