

DESCRIPTION	AMOUNT
CREDIT CHECK FEE	\$5.00 each
SERVICE FEE	\$25.00
# OF APPLICANTS	<input type="checkbox"/> 1 <input type="checkbox"/> 2
ONLINE RESULT	<input type="checkbox"/> R <input type="checkbox"/> Y <input type="checkbox"/> G



717 Main St. Safford, Az 85546 PO Box 551 Safford, Az 85548
 Phone: 928-432-4060 Fax: 928-348-3113

Date of Connect _____
 Account # _____

APPLICATION FOR UTILITY SERVICE(S)

DATE _____ RESIDENTIAL SERVICE: Property Owner Tenant

SERVICE LOCATION _____

MAILING ADDRESS _____

APPLICANT			CO-APPLICANT <i>Relationship to applicant</i>		
FIRST	MIDDLE	LAST	FIRST	MIDDLE	LAST
DATE OF BIRTH	SSN	MAIDEN NAME	DATE OF BIRTH	SSN	MAIDEN NAME
PHONE:	MESSAGE PHONE:		PHONE:	MESSAGE PHONE:	
EMAIL:	DRIVER'S LIC #/PIC ID		EMAIL:	DRIVER'S LIC #/PIC ID	
PREVIOUS ADDRESS:			PREVIOUS ADDRESS:		
EMPLOYMENT (Company, Address, Phone)			EMPLOYMENT: (Company, Address, Phone)		
<i>You MUST list all adults (18 and older) other than the applicant(s) shown above whom will be residing at the service location address:</i>					
SIGNATURE:			SIGNATURE:		
City of Safford will be doing an online credit check on all new customers for the purpose of establishing whether a deposit is required and paid before services are connected.					

APPLICATION TAKEN BY: _____

IN PERSON

EMAIL

FAX