



City of Douglas  
 Finance Department  
 Utility Billing  
 425 10<sup>th</sup> Street  
 Office: 520-417-7334  
 Fax: 520-805-0812

**SERVICE APPLICATION  
 WATER, WASTEWATER, SANITATION**

Date \_\_\_\_\_

Name \_\_\_\_\_ SSN \_\_\_\_\_

Previous Service Address \_\_\_\_\_

Service Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone (Cell) \_\_\_\_\_ Phone (Home) \_\_\_\_\_ Phone (Work) \_\_\_\_\_

Is this property a rental?  Yes  No Landlord/Property Owner Name \_\_\_\_\_

Check here if you want your bill sent via e-mail only E-mail Address \_\_\_\_\_

**One-time \$5.00 Credit for email sign up**

**FOR OFFICE USE ONLY**

Account No: _____	Meter No: _____
Application Fee: \$15.00	Deposit Amount: _____

**IN CONSIDERATION THAT** the City of Douglas furnish water, wastewater and sanitation services (if applicable) at the above service address, I hereby agree to pay any and all charges for service furnished according to the rules established by ordinance. This obligation to pay is to be in force on the date of this agreement until the Department is duly notified to discontinue said service.

**NOTE: ORIGINAL APPLICATION MUST BE TURNED IN TO THE UTILITY OFFICE WITH RESPONSIBLE INDIVIDUAL'S SIGNATURE, APPLICATION FEE AND DEPOSIT FOR SERVICES TO BE TURNED ON.**

\_\_\_\_\_  
 Applicant Responsible Signature

\_\_\_\_\_  
 Responsible Signature

\_\_\_\_\_  
 Print Name

\_\_\_\_\_  
 Print Name