

Town of Jerome Utility Application P.O. Box 335, Jerome, AZ 86331, (928) 634-7943

Acct #
Date:

		Date	
Customer Information			
Name:			
Mailing address:			
City:	State:	Zip:	
Phone #:	Email:		
Driver's license #:	State: E	Expiration date:	
Property Owner/Landlord			
Name:		_	
Phone #:	Email:		
Emergency Contact			
Name:	Phone #	:	
Mailing address:	Email:		
Service Information			
Service address:		_	
Number of Occupants:	Service Start Da	ate:	
* I, the undersigned, hereby make contract with th such services at the established rates for my usag and regulations as approved by the Town of Jeror own usage classification. I agree to hold the Town damage to property or persons arising out of the o	ge classification. I agree to use su me and not to permit such service n of Jerome and its officials harmle	ich services in accordance with all es to be used for any other purpos ess from any claims, real or allege	ll codes, rules se than for my
I agree to pay the Last Month's Payment deposit (_	
This deposit will be refunded to my closed and pa	id account, or applied to my final	bill, whichever comes first. INITIA	ALS .
Signed:			
oignea.			
For Internal Use:			
Meter #	Rate/Type:		
Water <u>\$</u>	Last Month Pay		
Sewer <u>\$</u>	New account fe	e: <u>\$</u> \$	
Trash <u>\$</u> Tax <u>\$</u>	Total:	\$	
Total \$			
	LNAD refund.		