

RESIDENTIAL RENTAL SERVICE APPLICATION

INSCRIPTION CANYON WATER COMPANY

(Mail this completed form with your payment to the business office address below):

Mailing Address:
P.O. Box 2344
Prescott, AZ 86302

Office Address:
302 W. Willis St. Suite #203
Prescott, AZ 86301

Office Phone (928) 445-5606
Fax: (928) 445-1830

The undersigned customer applies for water service from Inscription Canyon Water Company at the indicated location. Inscription Canyon Water Co. is subject to the rates, charges, rules and regulations established by the Arizona Corporate Commission. Billing rendered by Inscription Canyon Water Co. shall become delinquent on the 25th of the month following the month for which billing is rendered. Inscription Canyon Water Co. will make available, upon request within 60 days from the receipt of the request, a summary of the ICWC rate schedule or a copy of the Arizona Corporation Commission Rules and Regulation governing deposits, advances, service termination, billing and collection and compliant handling.

TENANT NAME: _____ PHONE: _____

SERVICE ADDRESS: _____

SUBDIVISION: _____

BILLING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

If you would like Paperless Billing, please provide your Email address: _____

IN CONSIDERATION for the provision of water service the tenant customer agrees to pay the monthly service and usage charges as set forth in the Company's rates and tariffs filed with the Arizona Corporate Commission. The customer also agrees to pay the following charges:

TRANSFER CHARGE:

Service Establishment Fee (non-refundable)	\$25.00*
Refundable Deposit (refunded after 1 year, if no delinquency)	\$90.00*
Sales Tax	\$ 1.59*
TOTAL TRANSFER CHARGE	\$116.59*

At such time as customer desires to terminate service with Inscription Canyon Water Co.; not less than 3 days' notice must be given. An accurate forwarding address must be given for the purpose of submitting a final bill and forwarding any remaining amount to the customer.

DATE SERVICE REQUESTED: _____

TENANT SIGNATURE: _____ DATE: _____

PROPERTY OWNER

NAME OF PROPERTY OWNER: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE NUMBER: _____

You will receive a copy of your tenant's monthly water bill.

If you would like this delivered electronically, please provide your Email address: _____

As the owner I co-sign this Application and agree to pay any delinquency.

OWNER SIGNATURE: _____ DATE: _____

NOTE: If you have private well, a backflow preventer valve may be needed; please contact the business office. A pressure regulator is recommended for all residences and is required in certain locations.

***IF THIS PROPERTY IS SOLD, THE NEW OWNER MUST COMPLETE A TRANSFER SERVICE APPLICATION. IF THE SAME TENANT IS LIVING IN THE RESIDENCE, THE TRANSFER CHARGE WILL BE WAIVED.**