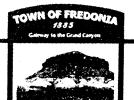
## **Municipal Service Application**



Date Received:

## Town of Fredonia

25 N Main St. \* PO Box 217 Fredonia AZ 86022 Fax: 928-643-7627 \* Office 928-643-7241

Email: fredonia@fredonia.net

Date:		Copy of valid Picture ID	
	t Name:		
Spouse c	or Co-Applicant:	Here	
Service A	Address:		
	Address:		
City:	State: Zip Code:		
Phone#:	Social Security#:	and	
Email:			
Please read	d the following before signing:		
2.	showing at least a year's worth of good standing; within the last year, prior to the date the new electric customer		
3.	requests service. The deposit is refundable after three years if the account has been kept current.  General Service customers who rent or lease existing premises shall make a deposit equal to 6 weeks' worth of usage prior to the date the service is requested. If a portion or all of a deposit is used to pay delinquent charges, the user, upon request, shall be required to add further deposit equal to the amount so used. If, after three years, it has not been necessary to use any part of a deposit, and the customer has paid its bills within the due date posted on the monthly bill, the town may return the deposit.		
<b>4</b> . <b>5</b> .	•	Il be required to close their account whenever they avor to get a final reading and process the final bill has been received by the Town. The customer's has been paid in full by the customer.	
	paid by the 20 <sup>th</sup> , you will receive a Red Tag (and charged \$25) on the following business day giving you 5 days to pay your bill. Late charges are calculated at 1.5% on any unpaid balances.		
6.			
7.	Returned checks shall be charged a fee of \$20 either at the time the check is made good or by adding the fee to the utility bill for succeeding months until paid.		
8.	A request for a special meter reading requires a \$30 charge. If the meter reading is incorrect, the money is refundable. If the reading is correct, the fee will be retained by the Town. Meters must by easily accessible to be read.		
9.	Any applicant for utilities does hereby grant the Town of Fredonia	and its agents to inspect both the interior and	
	exterior of the facility to be connected.  Applicant's Signature:		
Deposit amo	ount:		
Received by	co-appliant's Signature:		



## Town of Fredonia

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## REQUEST FOR UTILITIES CONNECTION

Utility Customer Name	Address of account to be connected	
U	lity Customer Account Number	
Services to be connected:		
Initial Reading		
Electricity:		
☐ Water/Wastewater:		
Landfill, can #:		
Date services to be connected (must give 24	nour notice)	
Time services to be connected, someone mu		
Signature of Utility Customer	Date	
own of Fredonia Representative	Date	