



City of Safford
 A great place to live, work, and visit
 717 MAIN STREET, SAFFORD, AZ 85546
 PHONE: (928) 432-4060
 FAX: (928) 348-3113

PLEASE FILL OUT APPLICATION COMPLETELY:

- YOU **MUST** PROVIDE SOCIAL SECURITY NUMBER AS WE ARE EXTENDING YOU CREDIT.
- YOU **MUST** LIST EVERYONE THAT WILL BE RESIDING IN THE RESIDENCE THAT IS OVER THE AGE OF 18.
- YOU **MUST** BE PREPARED TO SHOW A STATE ISSUED PHOTO I.D.
- ONLY PERSONS ON THE ACCOUNT WILL HAVE ACCESS TO ACCOUNT INFORMATION
- **YOU MUST PROVIDE A RENTAL AGREEMENT, PROOF OF PURCHASE (SETTLEMENT STATEMENT) OR MONTH TO MONTH STATEMENT FROM OWNER MUST INCLUDE NAMES OF ALL RESIDENTS, LANDLORD INFORMATION AND SIGNATURES OF ALL PARTIES. APPLICANT MUST BE LISTED ON PAPERWORK**
- **CUSTOMER MUST BE PRESENT WHEN UTILITIES ARE ACTIVATED**

ONCE THE APPLICATION IS SUBMITTED:

WE WILL DO AN ON-LINE CREDIT CHECK TO DETERMINE YOUR DEPOSIT, MUST BE PRESENT:

THERE WILL BE AN AUTOMATIC \$5.00 CREDIT CHECK FEE CHARGED

DEPOSITS ARE BASED ON THE HIGHEST AVERAGE FOR THE ADDRESS IN THE LAST 12 MONTH HISTORY PERIOD OR OUR MINIMUM REQUIRED DEPOSIT IF THERE IS NO HISTORY FOR ADDRESS

- **GREEN** – NO RISK, NO DEPOSIT
- **YELLOW** – NO OR LOW RISK, 1 TIMES THE DEPOSIT
- **RED** – HIGH RISK, 2 TIMES THE DEPOSIT

ALL DEPOSITS **MUST** BE PAID PRIOR TO SERVICES BEING CONNECTED

FOR SAME DAY SERVICE THERE WILL BE A \$35.00 UPFRONT CHARGE, MUST BE IN OUR OFFICE BY 4:00 P.M. FOR SAME DAY SERVICE

ALL DEPOSITS **WILL** REMAIN ON THE ACCOUNT UNTIL:

- YOU HAVE 1 CONSECUTIVE YEARS OF NO LATE PAYMENTS OR PENALTIES
- YOU MOVE WITHIN THE AREA, THE DEPOSIT MOVES WITH YOU
- YOU MOVE OUTSIDE OF THE AREA, THE DEPOSIT IS APPLIED TOWARDS YOUR FINAL BILL AND ANY REMAINING CREDIT WILL BE REFUNDED TO YOU BY MAIL. THIS PROCESS TAKES FROM 4 TO 6 WEEKS

IT IS YOUR RESPONSIBILITY TO INFORM THE CITY OF SAFFORD **IN WRITING** OF ANY CHANGES NEEDING TO BE MADE TO AN ACCOUNT

YOU AS THE CUSTOMER, ARE RESPONSIBLE TO COME INTO OUR OFFICE, PRIOR TO MOVING TO DO A DISCONNECT OF UTILITIES

YOU MAY PAY YOUR BILL:

- IN PERSON
- BY MAIL: CITY OF SAFFORD, PO BOX 551, SAFFORD, AZ 85548
- DROPPING PAYMENT OFF IN OUR DROPBOX, 1 LOCATED IN FRONT WINDOW, 1 IN PARKING LOT, PLEASE

DESCRIPTION	AMOUNT
CREDIT CHECK FEE AT 1 (877) 420-5861	\$5.00



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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

Date of Connect _____
 Account # _____

APPLICATION FOR UTILITY SERVICE(S)

DATE _____ RESIDENTIAL SERVICE: Property Owner Tenant

TITLE OF ACCOUNT _____ AND/OR _____

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