

CSDWID – Customer Service Application

Clay Springs Domestic Water Improvement District

PO Box 1573

Lakeside, Arizona 85929

Billing Admin: Small Town Tax

4700 W White Mountain Blvd, STE B, Lakeside, AZ 85929

(928) 271-5215 kyla@smalltowntax.com

Current rates and charges were established by Resolution No. 25051001

Please complete this application to request water utility service at the service address listed below. Service will not be scheduled or activated until all required fields are complete and all required payments are received.

Customer Information

Applicant Name: _____ **SSN:** _____

Phone: _____ **Email Address:** _____

DL or ID #: _____ **State:** _____ **Exp. Date:** _____

Employer: _____ **Work Number:** _____

Co-Applicant Name: _____ **SSN:** _____

Phone: _____ **Email Address:** _____

DL or ID #: _____ **State:** _____ **Exp. Date:** _____

Employer: _____ **Work Number:** _____

Service Address: _____

Emergency Contact (Not at this address): _____ **Phone:** _____

Service Address Is: ☐ Owned ☐ Rented **If rented, Landlord Phone:** _____

If rented, Landlord Name: _____

Mailing Address, if different: _____

Service Type: ☐ New Service/Meter ☐ Transfer Ownership ☐ Reconnect/Turn On

Requested Service Start Date: _____ **Today's Date:** _____

Payments Required to Start Service

CSDWID will mark the charges that apply and calculate the total due before service is scheduled or activated. Applicants may also select "Request Quote" where available for charges that require confirmation or approval.

Charge	Required	N/A	Request Quote	Amount
Refundable Deposit	☐	☐		\$85.00
Establishment Fee	☐	☐		\$30.00
Meter Installation (5/8" Residential)	☐	☐		\$1,800.00
Meter Installation (1" Residential)			☐	BOARD APPROVAL NEEDED
Meter Installation (2" Residential)			☐	BOARD APPROVAL NEEDED

Total Due Before Service: \$ _____

NOTE: Turn-on and shut-off of water within the meter box are to be done by CSDWID personnel only. Water bills are due and payable upon receipt. They are considered delinquent on the 15th of the following month. Unpaid delinquent accounts become subject to shutoff and must be paid in full along with service charges to be turned back on.

Invoice Delivery Preference

Please select how you would like to receive your monthly invoice:

- ☐ Mail paper invoice to mailing address listed above
☐ Email invoice to email address listed above: ☐ **Applicant Email** ☐ **Co-Applicant Email**

Payment and Auto Pay Options

Payment options include credit card (convenience fee of 2.9% plus \$0.30 per transaction); ACH; Zelle; and check or money order by mail. Payment must be received before service can be scheduled or activated.

Credit Card Auto Pay: Credit card autopay authorizes monthly charges to the card provided. Credit card payments include a processing fee of 2.9% plus \$0.30 per transaction.

Name on Card: _____ **Last 4 of Card Number:** _____

Billing Address: _____ **Zip Code:** _____

☐ **Email for Receipt** to email address listed on Page One: ☐ **Applicant Email** ☐ **Co-Applicant Email**

FULL CARD INFORMATION should be called into Billing Admin or sent securely via email.

ACH Auto Pay: ACH auto pay must be set up with your bank.

Zelle: Scan QR Code or send to email kyla@smalltowntax.com.



Auto Pay Authorization

By selecting credit card auto pay, I understand that I authorize CSDWID to charge the payment method I provide for monthly water utility invoices and any applicable service charges on the 15th of each month. If the above noted payment date falls on a weekend or holiday, I understand that the payments may be executed on the next business day. I certify that I am an authorized user of this credit card and will not dispute scheduled transactions that correspond to the terms indicated. I understand that I may cancel auto pay by providing oral or written notice to the Billing Admin 15 days prior to the next billing period.

Customer Acknowledgment

I certify that the information provided on this application is true and correct. I understand that water service is subject to the utility's rules, rates, fees, deposits, billing procedures, and payment policies. I agree to notify the CSDWID Billing Admin promptly of any changes to my contact, billing, or payment information.

Applicant Signature: _____ **Date:** _____

Co-Applicant Signature, if applicable: _____ **Date:** _____

Utility Use Only

Date Activated:	Service Activated By:	Established Customer ID:
Date Paid:	Amount Paid: \$	Payment Confirmation No:
Deposit Applied to Account: ☐ Yes ☐ No	Meter Size: ☐ 5/8" ☐ 1" ☐ 2" ☐ Other:	
Meter Serial Number:	Initial Meter Reading:	
Notes: _____		
Reviewed/Completed by:	Title:	Date: