

ALPINE SANITARY DISTRICT

11 County Road 2052 P.O. Box 595 Alpine, AZ 85920
Phone: 928-339-4631 Fax: 928-339-4302

SANITARY SEWER SERVICE APPLICATION

Stakeholder Name: _____

Mailing Address: _____

City/Town: _____ State: ____ Zip Code: _____

Phone Number(s): _____

Email address: _____

Service Address: _____

County Tax Parcel Number(s): _____

Type of Service Requested (residential or commercial): _____

Describe number of units and/or type of business(s): _____

Initial Connection Fee is \$ _____

NOTE: Payment of the initial connection fee will guarantee the ability to connect to the sanitary system for a period up to two years from the date of fee payment. If connection has not been made within the two-year period, the ability to connect to the sanitary system may not be immediately available, should the District need to increase the system's capacity. For additional explanation, please contact the District Office.

Current Monthly Service Fee: \$ _____

NOTE: Monthly Service Fee(s) will commence upon connection to the sewer. The Monthly Service Fee(s) is due and payable upon receipt. If the Monthly Service Fee(s) remains unpaid for a period of more than 60 days, the District will impose late fees and may pursue legal means to collect unpaid balances.

I _____, hereby request sewer service from the Alpine Sanitary District. I understand that said sewer service shall be governed by the rules and regulations of the District and the laws of the State of Arizona. I hereby agree to abide by said rules, regulations and laws. I understand that sewer service to my property may be curtailed or discontinued, should I violate said rules, regulations and laws. I understand that should I rent or lease my property, said sewer service shall remain in my name and it shall be my responsibility to pay all sanitation bills and assessments. I agree to pay all lawful sanitation bills and assessments of the Alpine Sanitary District promptly. I further agree to allow the District to file a lien on my property, in the event I fail to pay any debt to the District.

Stakeholder Signature: _____ Date: _____

Date Connection Fee Paid: _____ Amount: _____ Check #: _____

Back Flow: _____ ASD Cleanout: _____ Customer Cleanout(s): _____

Remarks: _____