Application received: In Person___ By Fax____ By Mail_____

City of Safford
A great place to live, work, and visit

405 W DISCOVERY PARK BLVD
SAFFORD, AZ 85546
PHONE: (928)432-4200
FAX: (928)348-3150

FOR OFFICIAL USE ONLY				Date:
	Impact Fee	Meter/Valve	Construction Fee	Total
WATER				
GAS				
ELECTRIC				
SEWER				
COMMENTS:				

APPLICATION FOR UTILITY SERVICE

This application form is for utility service extensions requiring new construction and/or reconstruction within the boundaries of the City of Safford utility service districts.

The various rules and regulations which are in effect at the time of application are available from the Utility Director for the City of Safford.

A quoted installation charge is valid for sixty (60) calendar days, unless specifically stated in writing above.

Name of Applicant/Owner: _____ Date: _____
Mailing address: _____
_____
Phone number: _____ Email address: _____

Address of new service_____ Parcel #: _____
Subdivision (if any) _____ Unit _____ Lot _____ Block _____
Location/description of the property_____

Type of service requested:			**Type of use: (R) (C) (G)**	
	WATER	**GAS**	**ELECTRIC**	**SEWER**
SIZE OF METER				
# OF SERVICES				

Site Plan: Draw/attach a picture of what you plan to build or develop on the property. Include placement of home, well, septic, tank & leach field, driveways, etc; with measured distances from property lines to house