

Business Office:  
530 E MONROE  
BUCKEYE, AZ 85326  
Mon - Thurs 7AM-5:30 PM

# CITY OF BUCKEYE

## APPLICATION FOR UTILITY SERVICES

623-349-6100 PHONE  
website: [buckeyeaz.gov](http://buckeyeaz.gov)  
email: [utilitybilling@buckeyeaz.gov](mailto:utilitybilling@buckeyeaz.gov)

Account #

### REQUIRED INFORMATION

**Owners only:** Copy of their Estimated or Final Escrow Settlement Statement.

**Renters only:** Landlord information AND a signed copy of their Rental Agreement  
(All persons listed as responsible parties on lease must be on application)

**Property Managers & Listing Agents only:** Copy of the Management/Listing Agreement

**Deposits: Water \$125.00 || Sewer \$75.00 || Solid Waste \$30.00**  
**New Connect fee of \$60.00 and Solid Waste Collection Fee will reflect on the 1st bill.**

**VALENCIA, VERRADO, BLUE HORIZONS AND VISTA DE MONTANA RESIDENTS ONLY**

**Valencia and Verrado** - The City Of Buckeye provides garbage/recycling service only. Owners must retain responsibility for the service. **Vista De Montana and Blue Horizons:** The City provides garbage/recycling and sewer services only.

### APPLICANT SIGNATURES

By submitting this application, I/we declare under penalty of perjury under the laws of the State of Arizona that all information provided is true and accurate; I have the lawful authority to activate utility services for the address identified on the submittal; I am accepting all financial responsibility for the utilities account, and I agree that I will remain financially responsible for the utility account until I submit the Termination Request Form signed by me to the Buckeye Utility Billing Department and the account has been paid in full. I acknowledge I have received a copy of the credit policies, fees, deposits and other information related to City of Buckeye Utility Accounts.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

### PROPERTY INFORMATION

**TODAY'S DATE:** \_\_\_\_\_ **CONNECT DATE:** \_\_\_\_\_

Property Location \_\_\_\_\_

Mailing Address \_\_\_\_\_

Your request must be received in our office at least **2 business days** prior to the requested connect date.  
If your Connect Date is before Today's Date or the date received in our office, your account will be back billed.

**PLEASE CIRCLE YOUR CUSTOMER TYPE:** Owner Renter Mgmt Co Listing Agent

### APPLICANT INFORMATION

#### APPLICANT #1

#### APPLICANT #2

1. \_\_\_\_\_  
Last Name

2. \_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
First Name

#### CURRENT ADDRESS

phone # \_\_\_\_\_

phone # \_\_\_\_\_

**Email Address** \_\_\_\_\_

Utility Account Security Pin \_\_\_\_\_

**Identity Verification and Credit Card Deposit Information:** Identity verification information will be encrypted and credit card information will be destroyed after processing

Date of Birth \_\_\_\_\_

Date of Birth \_\_\_\_\_

Social Security # \_\_\_\_\_

Social Security # \_\_\_\_\_

Drivers Lic # \_\_\_\_\_

Drivers Lic # \_\_\_\_\_

Card Number \_\_\_\_\_

Exp Date \_\_\_\_\_ CCV # \_\_\_\_\_

Billing Address \_\_\_\_\_

City/St/Zip \_\_\_\_\_

Card Holder \_\_\_\_\_

Signature \_\_\_\_\_

ADDRESS:

FOR BUSINESS USE ONLY

CAN ORDER DATE

p \_\_\_\_\_ F \_\_\_\_\_ PIV \_\_\_\_\_