

Sky Hi Domestic Water Improvement District
P.O. Box 974
Lakeside, AZ 85929
(928) 367-6621
FAX (928) 833-9078

Name of Owner(s) _____ Lot # _____

Billing Address _____

Home Phone _____ Other Phone _____

E Mail _____

The undersigned hereby makes application to Sky Hi Domestic Water Improvement District for water service to be provided at the lot shown above; and further agrees to comply with all rules, regulations, and fees as set by the District Board of Directors.

As owner of the property being served, I hereby agree to deposit \$125.00 with the District until the account is closed. I understand that this deposit does not relieve the undersigned from obligation to all sums due under the account.

Signature _____ Date _____

Signature _____ Date _____

For Water District Use

Date _____ Connection Fee 425.00

Deposit Amount 125.00 Capacity Fee 1200.00

Hookup Fee 48.00

Received by _____ Inspection Fee _____