

# CUSTOMER SERVICE CHANGE REQUEST FORM



Town of Payson Water Department

303 N Beeline Highway #A  
Payson, AZ 85541  
(928) 474-5242x4  
Fax: (928) 472-2556  
Email: [water@paysonaz.gov](mailto:water@paysonaz.gov)

## CURRENT ACCOUNT INFORMATION:

ACCOUNT NUMBER: \_\_\_\_\_ SERVICE LOCATION: \_\_\_\_\_

NAME(S) ON ACCOUNT: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

PHONE NUMBERS: \_\_\_\_\_

### REASON FOR CHANGE:

Change mailing address/phone  Remove Person  Other: \_\_\_\_\_

### ADD PERSON: (Copy of driver license required for full financial authorization)

For inquiries only (no financial authorization)  Full financial authorization to account

## NEW INFORMATION TO APPEAR ON ACCOUNT



NAME(S) ON ACCOUNT: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

PLACE OF EMPLOYMENT: \_\_\_\_\_

PHONE NUMBERS: \_\_\_\_\_

The deposit received from above-named consumer is for water service to above-described property. In consideration of the Town's furnishing water service, the consumer agrees that such service shall be in accordance with the rules and regulations of the Town of Payson relating to the municipal water system, and in accordance with the department rules and regulations which may be approved by the Common Council of the Town of Payson. The Town of Payson Water Department reserves the right to increase the security deposit on this account when necessary due to any unsatisfactory payment history.

Consumer hereby acknowledges responsibility for all water service rendered by the Town of Payson until the Town receives notification from the consumer to discontinue service, or until the Town of Payson discontinues service. Consumer's deposit will be held for final billing. The consumer agrees to pay all costs of collection, including collection agency fees and/or attorney fees, court costs and other expenses incurred in the collection of any delinquent balance.

### UNSIGNED FORMS CANNOT BE PROCESSED

\_\_\_\_\_  
Current Account Holder(s) Signature(s) Date

\_\_\_\_\_  
New Account Holder(s) Signature(s) Date

\_\_\_\_\_  
Driver License Number (Please provide a copy of Driver License) Last four digits of SSN

\_\_\_\_\_  
If Applicable: Removed Account Holder(s) Signature(s)\* Date

\*I understand that by signing above I am relinquishing my rights to the account, including the security deposit.