



# FORT MOJAVE TRIBAL UTILITIES AUTHORITY

8780 HWY 95, MOHAVE VALLEY, AZ 86440  
(928)768-1500

## APPLICATION FOR SERVICE

www.fmtua.com

( ) WATER ( ) SEWER

DATE: \_\_\_\_\_

TYPE OF SERVICE: ( ) RESIDENTIAL ( ) COMMERCIAL

Tenant \* ( ) Owner ( )

\* If Tenant, attach copy of lease agreement

DATE SERVICE REQUESTED: \_\_\_\_\_

CUSTOMER(S) NAME: \_\_\_\_\_

SOCIAL SECURITY # OR EIN/TIN \_\_\_\_\_

FMIT ENROLLMENT #: \_\_\_\_\_

SERVICE LOCATION: \_\_\_\_\_

HOME PHONE #: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

CELL PHONE #: \_\_\_\_\_

BILLING ADDRESS: \_\_\_\_\_  
(If different from service address) Street address City State Zip

IF TENANT, LANDLORD --- NAME & PHONE # \_\_\_\_\_

WATER: If not supplied by FMTUA: NAME OF WATER COMPANY \_\_\_\_\_ ACCOUNT # \_\_\_\_\_

EMPLOYER NAME: \_\_\_\_\_ WORK PHONE #: \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_ E-BILL( ) PAPER ( ) BOTH ( )

IF THIS IS A COMMERCIAL ACCOUNT PLEASE LIST:

ACCOUNTS PAYABLE CONTACT: \_\_\_\_\_ PHONE # & EXT. \_\_\_\_\_

IN CASE OF EMERGENCY PLEASE CONTACT:

RELATIONSHIP: \_\_\_\_\_ PHONE #: \_\_\_\_\_

PLEASE READ AND SIGN BELOW:

I certify under penalty of perjury that all information provided herein is true and correct to the best of my knowledge.

APPLICANT'S SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_\_

OFFICE USE ONLY:

ACCOUNT NUMBER: \_\_\_\_\_

Water Deposit: \$50.00 (Residential Only)  
( ) CASH  
( ) CHECK NO. \_\_\_\_\_  
( ) MO. ORDER  
( ) WAIVED (LETTER OF CREDIT)

Wastewater Deposit: \$100.00 (Residential Only)  
( ) CASH  
( ) CHECK NO. \_\_\_\_\_  
( ) MO. ORDER  
( ) WAIVED (LETTER OF CREDIT)

SERVICE CONNECT FEE: \$25.00 ( ) PAID  
( ) APPLY TO BILL

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( ) APPLY TO BILL