



**Majestic View Domestic
Water Improvement District**
PO Box 3516, Kingman, AZ 86402
Phone 928)565-5070
mvdwid@gmail.com

FOR OFFICE USE ONLY METER READING _____ DATE _____ ACCOUNT NO. _____
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APPLICATION FOR WATER SERVICE

CUSTOMER NAME(s): _____

SERVICE ADDRESS: _____ ZIP CODE: _____
Parcel #: _____

(If different from above)
MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE NO: HOME: _____ LOCAL: _____

WORK: _____ CELL: _____

E-MAIL ADDRESS: _____

DATE SERVICE TO BEGIN: _____

EMPLOYER: _____

ADDRESS: _____

EMERGENCY CONTACT:
NAME PHONE/ADDRESS: _____

The undersigned, referred to as Customer, at the above service address, hereby agrees to pay all costs, fees and/or charges, as stated in the District's Rates and Fees. (Attached - please keep schedule for your information.)

The customer is responsible for all metered water.
THE CUSTOMER IS RESPONSIBLE FOR DRAINING WATER LINES WHEN NOT IN RESIDENCE FOR THE WINTER
 All outstanding bills are the responsibility of the property owner.

SIGNATURE

DATE

Your water comes from a deep underground aquifer and surpasses all federal and state regulations.
Quality on Tap