

# PINE-STRAWBERRY WATER IMPROVEMENT DISTRICT

## **NEW PROPERTY OWNER**

**A copy of the signed Deed or Settlement statement is required to start service.  
Document must be in non-edited format such as PDF. Photographs of Documents are not acceptable.**

Name:	Service Address:	
Subdivision and Lot#:		Phone:
Mailing Address:		
City:	State:	Zip Code:
Requested Transfer Date:		E-mail:

## **CURRENT/FORMER PROPERTY OWNER**

Name:	Service Address:	
Subdivision and Lot#:		Phone:
Mailing Address:		
City:	State:	Zip Code:
Requested Transfer Date:		E-mail:

## **TENANT/PROPERTY MANAGER**

**Please attach a copy of the signed Lease or Rental Agreement or a Property Management Agreement**

Name:	Service Address:	
Subdivision and Lot#:		Phone:
Mailing Address:		
City:	State:	Zip Code:
Requested Transfer Date:	Name of Homeowner:	E-mail:

## **ALL TRANSFERS & APPLICATIONS FOR SERVICE ARE SUBJECT TO THE DISTRICTS RULES AND REGULATIONS**

Per AIV, Section 4.1: Not less than **Three Days' Notice** must be given in writing to the District to discontinue service.

### **\*\*\*\*\*FEES\*\*\*\*\***

If you currently have a deposit on record it will be transferred to your new residence along with any outstanding fees owed.

**Establishment Fee: \$50.00**

**Security Meter Deposit: \$150.00**

**Method of payment available: Visa/MC (2.00 charge) Checks/Cash      Total amount Due with application: \$200.00**

## **MONTHLY BASE FEE**

Monthly base fees are based on current rate schedules. These schedules are available at the office or online at [pswid.org](http://pswid.org).

## **DELINQUENCY POLICY & LATE FEES**

Bills are due 19 days after bill is generated and late fees will apply one day after due date. Late fee rate is \$5.00 plus 2% monthly.

## **SIGNATURES**

I authorize the verification of the information provided on this form and agree to charges listed above. Master rate form and Rules and Regulations are available for viewing at the administrative office and online at [pswid.org](http://pswid.org).

Signature of applicant:	Date:
Signature of spouse:	Date:

**Visit us online at [pswid.org](http://pswid.org) to set up Auto Payment or Paperless Billing**

**Please make checks payable to PSWID**

**Mailing address: P O Box 134 Pine, AZ 85544**

**PHONE: 928-476-4222      FAX: 928-476-4224**