

**PAGE UTILITY ENTERPRISES**  
640 Haul Road  
P.O. Box 1955, Page, AZ 86040  
(928) 645-2419 \* Fax (928) 645-5322

**APPLICATION FOR UTILITIES**

DATE \_\_\_\_\_ ACCOUNT # \_\_\_\_\_

APPLICANT: \_\_\_\_\_ CO-APPLICANT \_\_\_\_\_

SERVICE ADDRESS \_\_\_\_\_ CONNECT DATE \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_ City/State/Zip \_\_\_\_\_

PHONE (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_ (Message) \_\_\_\_\_

OWNERSHIP STATUS: (Check one) OWN \_\_\_\_\_ RENT \_\_\_\_\_

If Renter – Name of Landlord \_\_\_\_\_ Phone \_\_\_\_\_

DEPOSIT AMOUNT (WATER) \$50.00 (Check/Cash/MO/Visa/MC/EA)  
Deposit Transferred From Account # \_\_\_\_\_

DEPOSIT AMOUNT (ELECTRICITY) \$150.00 (Check/Cash/MO/Visa/MC/EA)  
Deposit Transferred From Account # \_\_\_\_\_

I AGREE TO THE FOLLOWING: (*Please initial*)

1. \_\_\_\_\_ To be responsible for all amounts due.
2. \_\_\_\_\_ To give access to the meter at all times.
3. \_\_\_\_\_ I have received a copy of the Utility Rules & Regulations & agree to abide by the Utility Rules & Regulations as adopted & as may be amended from time to time.
4. \_\_\_\_\_ I understand that a penalty of 5% will be charged to my account on any unpaid balance if not paid in full by the 20th of the month & that service is subject to termination after the 25th of the month.
5. \_\_\_\_\_ I agree to accept legal service of process by publication if my whereabouts are unknown.
6. \_\_\_\_\_ Any questions I had concerning my obligation to the Utility have been answered by a PUE Representative

APPLICANT SIGNATURE \_\_\_\_\_ DOB \_\_\_\_\_

Applicant Drivers License # \_\_\_\_\_ SS#: \_\_\_\_\_

Previous Address \_\_\_\_\_ City \_\_\_\_\_ State/Zip \_\_\_\_\_

CO-APPLICANT SIGNATURE \_\_\_\_\_ DOB \_\_\_\_\_

Co-Applicant Drivers License # \_\_\_\_\_ SS#: \_\_\_\_\_

EMPLOYMENT STATUS: Full Time [ ] Part Time [ ] Retired [ ] Unemployed [ ]

Place of Employment \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_ Supervisor \_\_\_\_\_

NEAREST RELATIVE (Not living with you) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State/Zip \_\_\_\_\_

Phone # \_\_\_\_\_

Customer Service Representative \_\_\_\_\_