



# APPLICATION FOR SERVICE – TENANT

City of Peoria, AZ  
8401 W. Monroe St.  
Peoria, AZ 85345  
Phone 623-773-7160 Fax 623-773-7159

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

**A signed copy of the complete lease agreement and a \$225.00 deposit is required to start service.**

Today's Date \_\_\_\_\_ Effective Date of Service \_\_\_\_\_

Service Address \_\_\_\_\_ **Peoria, AZ** Zip Code \_\_\_\_\_ - \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ - \_\_\_\_\_  
{If different from above}

Would you like to be signed up for eBilling? Y / N

1. Name on Account \_\_\_\_\_ SSN # \_\_\_\_\_ DOB: \_\_\_\_\_

Place of Employment \_\_\_\_\_ Work# \_\_\_\_\_

Home # \_\_\_\_\_ Cell # \_\_\_\_\_ Email \_\_\_\_\_

2. Name on Account \_\_\_\_\_ SSN # \_\_\_\_\_ DOB: \_\_\_\_\_

Place of Employment \_\_\_\_\_ Work# \_\_\_\_\_

Home # \_\_\_\_\_ Cell # \_\_\_\_\_ Email \_\_\_\_\_

Additional Names on Lease (over 18) \_\_\_\_\_ SSN \_\_\_\_\_ DOB: \_\_\_\_\_

Additional Names on Lease (over 18) \_\_\_\_\_ SSN \_\_\_\_\_ DOB: \_\_\_\_\_

Owner's Name \_\_\_\_\_ Phone # \_\_\_\_\_

Management Co. {If applicable} \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Signature of Applicant

Drivers License Number

(Office Use Only)

Lease Date: From: \_\_\_\_\_ To: \_\_\_\_\_

Amount of Monthly Rent: \$ \_\_\_\_\_ Tax included ? Y N

Owner's License# \_\_\_\_\_ Owner's Customer# \_\_\_\_\_