

DESERT WATER



Start New Service Request

Application Date: _____ Date Service to Begin: _____

Are you the property owner? Yes No Is this property in the DWA service areas? Yes No

Full Name: _____

Property Address: _____

Billing Address: _____

Phone: _____ Email: _____

Drivers License #: _____ Expiration date: _____

Service Type: Residential Commercial

Submission of this form begins the process of establishing a DWA account. It does not guarantee start of service on entered date. You will be contacted by a DWA representative within two business days.

__ I agree