



BUCKSKIN SANITARY DISTRICT
 PO Box 5398
 Parker, AZ 85344
 Phone: (928) 667-7197 * Fax: (928) 667-1697 *
www.bsdsewer.org

**BUCKSKIN SANITARY DISTRICT
 SERVICE AGREEMENT**

The foregoing is a service agreement by and between Buckskin Sanitary District and _____, the occupant /or owner of parcel number ____ - ____ - ____ known as _____.

The agreement states as follows:

Buckskin Sanitary District will provide sewer service to the aforementioned occupant and/or owner on a monthly basis at a rate of \$42.00 per month as set forth in the annual budget, per EDU, billed at the end of each month of service. The monthly bill will become due within 20 days of the invoice date after which a 10% late penalty will be charged on the outstanding balance.

Buckskin Sanitary District will hold a refundable service deposit equivalent to three times the monthly rate as set forth in the annual budget, per EDU, in the service account until termination of this agreement.

This agreement may be terminated at any time by providing Buckskin Sanitary District seven days written notice of termination and bringing the account balance to zero.

This agreement may be terminated by the Buckskin Sanitary District in the event this account become more than 10 days delinquent, at which time the Buckskin Sanitary District may disconnect all sewer services to described property. The cost of parts, labor, administrative and re-connection fees will be the sole responsibility of the occupant &/or owner. In the event sewer services are disconnected, the La Paz County Health Department will be notified and the property will become out of compliance with ADEQ regulations making the property inhabitable.

In the event this service account becomes more than 90 days delinquent, Buckskin Sanitary District may, pursuant ARS §48-2027, Section I, file a lien on the property for the non-payment of user fees for services provided to the property.

SERVICE IN THE NAME OF: _____
 SERVICE ADDRESS: _____
 MAILING ADDRESS: _____
 HOME TELEPHONE #: _____ WORK TELEPHONE #: _____
 EMAIL _____ (Requested for ACH Payment Customers)

If this property is owned by someone other than you, please fill out the following and attach a lease/rental agreement:

PROPERTY OWNER NAME: _____
 TELEPHONE #: _____
 OWNER MAILING ADDRESS: _____

I HAVE READ AND UNDERSTAND THE TERMS OF THIS SERVICE AGREEMENT AND AGREE TO ABIDE BY THEM.
 Signed this _____ day of _____, 20__

 SIGNATURE SIGNATURE

FOR OFFICE USE ONLY			
Assigned Account #: _____	No. EDU's: _____	Service Start Date: ___/___/___	Deposit: \$ _____
<input type="checkbox"/> Residential	<input type="checkbox"/> Commercial	Monthly Rate: \$ _____	BSD: _____ Deposit Refunded: _____

An Equal Opportunity Employer and Provider

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request this form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov.