TOWN OF GILA BEND

The Heart of Arizona

Request for Bulk Water

Company Name: _____

Mailing Address: _____

First Day of Service: _____

Telephone No. (REQUIRED): _____

Contact Name: _____

Phone No. (REQUIRED) : _____

_____

Customer Signature Date

Security Deposit (Required for all new customers): _____ $600.00

Date Pd. Amount

P.O. Box A, 644 W. Pima Street Gila Bend, AZ 85337-0019 (928) 683-2255

FAX (928) 683-6430 TDD 800-367-8939