

PLEASE COMPLETE THIS FORM IN FULL AND RETURN WITH PAYMENT OF FEES TO:

I.C.R. SANITARY DISTRICT

PO Box 215, Chino Valley, AZ 86323

Phone 928-237-9347 *Fax 928-636-9771

Website: <http://icrsd.net>

* Required fields

APPLICATION FOR SERVICE CONNECTION

*Service/Site Address: _____

*Subdivision:

Inscription Canyon Ranch Whispering Canyon Talking Rock Preserve at the Ranch

*Name of Applicant: _____

*Name of Owner if Different from Applicant: _____

*Owner's Billing/ Mailing Address: Street: _____

*City: _____ *State: _____ *Zip: _____

*Contact Phone Number: _____ Alternate Phone: _____

FEES: Check the status below that applies to this property: Make all checks payable to ICR Sanitary District

***Note: One of the boxes below must be checked:**

This will be a new home, (no previous wastewater service). A **\$250.00 Inspection Fee** is required.
Please submit with application.

NOTE: New service connections are required to be inspected and photographed before the trench is backfilled. Failure to comply will subject the property owner to fines and reexcavation and inspection at the property owner's expense. Please complete page 2 of this application and have it signed by a representative of the ICR Sanitary District when

For Inscription Canyon Ranch and The Preserve Only

This is a new home, not previously occupied. A Hook up fee of **\$3250.00** must be paid in addition to the above fee.
(Certain exemptions apply to properties in the Preserve. Contact the Business Office to determine if an exception applies to this property)
Please submit with application.

IMPORTANT NOTICE: Payments are due 30 days after billing. A late charge of \$5, plus finance charges at 10% per annum are added to past At 90 days in arrears, A lien may be placed on the property for the total amount due, plus legal fees.

ICR Sanitary District Use Only:

Payment has been received by the above applicant. Check#: _____ Amount: _____ Date: _____

Faxed to Yavapai County _____

INSCRIPTION CANYON RANCH SANITARY DISTRICT

P.O. Box 215 Chino Valley, AZ 86323

APPLICATION FOR SERVICE CONNECTION

Construction Verification

Applicant: Complete Items 1 thru 5 and submit with page I of the application.

1. Owner Name:	_____
2. Contractor Name:	_____
3. Subdivision	Talking Rock <input type="checkbox"/> Whispering Canyon <input type="checkbox"/> Inscription Canyon <input type="checkbox"/> Preserve <input type="checkbox"/>
4. Address of Project	_____
5. Parcel:	_____
Date Connection Verified:	_____
Verified by:	_____
Comments:	_____ _____ _____
Date:	_____
Signed	_____

for ICR Sanitary District
When Connection is verified-
Return to: ICR Sanitary District
fax: 928-636-9771

page 2 of 2