

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

## I.C.R. SANITARY DISTRICT

PO Box 1963, Prescott, AZ 86302  
Phone 928-445-5606 \*Fax 928-441-1895  
Website: <http://icrsd.net>

DATE: \_\_\_\_\_

\* Required fields

### **APPLICATION FOR SERVICE CONNECTION**

\*Service/Site Address: \_\_\_\_\_

\* Lot Number: \_\_\_\_\_

\*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

☐ 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 submit both pages with the application.**

Call 925-1294 when ready for inspection

#### **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 due amounts. 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: \_\_\_\_\_

Emailed to Yavapai County \_\_\_\_\_

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☐ Inspected/connected: Date \_\_\_\_\_

BY: \_\_\_\_\_