**ARIZONA DEPARTMENT OF WATER RESOURCES**
**OFFICE OF ASSURED WATER SUPPLY**
**3550 NORTH CENTRAL AVE. 2ND FLOOR**
**PHOENIX, ARIZONA 85012**
**(602) 771-8585**

# NOTICE OF INTENT TO SERVE

**Subdivision/Development Name ("Subdivision"):**_____

**Subdivision Owner ("Owner"):**_____

**Municipal Provider:**_____
*If the Municipal Provider has several divisions, please specify service area in which the Subdivision is located*

**ADEQ Public Water System Number:**_____ *Please indicate the number valid for this Subdivision*

**Municipal Provider Type:**
_____City or Town;
_____Irrigation District;
_____Water Improvement District;
_____Private Water Company Regulated by the Arizona Corporation Commission ("PWC"):
Is the Subdivision within the PWC's existing Certificate of Convenience and Necessity ("CC&N")? ___ Yes ___ No
If "No", has an application for an extension of the CC&N been filed? _____Yes _____No
If "Yes" date of submittal: _____
Please include a copy of the application for extension and reference as an attachment.
*If the Subdivision is not within the PWC's CC&N, a Certificate of Assured Water Supply will not be issued until the CC&N has been extended to include the Subdivision.*
_____Homeowners' Association ("HOA")
If HOA, please provide the documents that establish the HOA and evidence from the Arizona Corporation Commission ("ACC") that the HOA is "not for public service," and therefore not subject to regulation by the ACC.
_____Other *(Explain)*_____

**COMPLETE THIS SECTION IF SUBDIVISION IS LOCATED WITHIN AN ACTIVE MANAGEMENT AREA:**
**ADWR Service Area Right Number:** 56-_____ *Number can be found on ADWR Annual Reports*

**Is the Subdivision located within the Municipal Provider's existing operating distribution system?** ___Yes ___No
**If no, will the Municipal Provider be establishing a new service area right to serve the Subdivision?** ___Yes ___No
**If yes, what type of right will be used to establish the service area right?** _____
*If the Subdivision is not within the Municipal Provider's operating distribution system, the Municipal Provider must begin the process to establish a new or satellite service area right or enter into an agreement with the undersigned Owner to extend water lines to the subdivision before a Certificate of Assured Water Supply will be issued. Please contact your local AMA office for more information on establishing a new service area right.*

The undersigned Owner and Municipal Provider certify that: (1) They have entered into an agreement whereby the Municipal Provider agrees to provide the Subdivision an amount of water sufficient to satisfy the water demands of the Subdivision; (2) The aforementioned agreement is binding upon the present and future agents, servants, representatives, successors in interest and assigns of the Municipal Provider and the Owner; and (check which of the following applies):

☐ (a) the Subdivision is within 660' of the Municipal Provider's operating distribution system or,

☐ (b) the undersigned Owner and Municipal Provider have entered into an agreement to extend water lines to the subdivision, or

☐ (c) a new service area right will be established to serve the Subdivision (if subdivision is located within an active management area). This Notice of Intent to Serve is conditioned upon the Municipal Provider's receipt of necessary approvals from the relevant regulatory agencies and the Municipal Provider's receipt of all necessary payments.

If the Municipal Provider is a PWC, then the Municipal Provider further certifies that the Subdivision is within the boundaries of its CC&N, or that a formal request has been filed with the ACC to extend the boundaries to include the Subdivision.

| | | |
|---|---|---|
| Signature of Authorized Agent of Private Water Company | Title | Date |
| Signature of Owner | Title | Date |

NOTE: If there are multiple owners, you may use the attached signature page.

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**NOTICE OF INTENT TO SERVE**
SIGNATURE PAGE FOR:

**Subdivision/Development Name ("Subdivision"):**_____

**Water Provider Name:**_____
By:_____
Its:_____

**Owner Name:**_____
By:_____
Its:_____

**Owner Name:**_____
By:_____
Its:_____

**Owner Name:**_____
By:_____
Its:_____

**Owner Name:**_____
By:_____
Its:_____

**Owner Name:**_____
By:_____
Its:_____

**Owner Name:**_____
By:_____
Its:_____

**Owner Name:**_____
By:_____
Its:_____

**Owner Name:**_____
By:_____
Its:_____

**Owner Name:**_____
By:_____
Its:_____

**This form must be signed by each owner or an authorized agent for each owner. If the signator is someone other than the owner, please provide proof of legal authority to sign on each owner's behalf that is dated within 90 days of the date this application is submitted to the Department.**