



Development Services / [permits@maranaAZ.gov](mailto:permits@maranaAZ.gov)  
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## TRUST ACCOUNT APPLICATION

### COMPANY INFORMATION

**Company Name:**

Address:	City:	State:	Zip:
Email:	Phone No.:		
Town of Marana License No.:	Registrar of Contractor License No.:		

**Primary Contact Name:**

Address:	City:	State:	Zip:
Email:	Phone No.:		

### AUTHORIZED USER(S)

Name:	Title:
Email:	Phone No.:
Name:	Title:
Email:	Phone No.:
Name:	Title:
Email:	Phone No.:
Name:	Title:
Email:	Phone No.:
Name:	Title:
Email:	Phone No.:

### OWNER/APPLICANT AUTHORIZATION

Check the appropriate box:     New account request                       Update an existing account  
 It is the owner's responsibility to submit an updated application if any of the above information changes.

I hereby certify that the information set forth in this application is true and correct to the best of my knowledge and that I am either the owner of the company or that I have been authorized in writing by the owner to file this application. (If applicant is not the owner, attach written authorization from the owner.)

Applicant Name (PRINT)	Signature	Date
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### FOR OFFICIAL USE ONLY

Revision Date 3/29/2019

AEC No. \_\_\_\_\_

Date Received \_\_\_\_\_