Please Mail, Fax or drop off form to:
The City of Sedona Finance Office
We are in Building 106 at City Hall

APPLICATION/AGREEMENT FOR RESIDENTIAL WASTEWATER SERVICE

102 Roadrunner Drive-Sedona, AZ 86336
Phone (928)204-7205
Email: billing@sedonaaz.gov
Fax: (928)282-7207

Today's Date: _____ ACCOUNT #: _____
Office use

ALL ACCOUNTS REQUIRE A $25 ACCOUNT SET-UP FEE

***RESIDENTIAL TENANTS WILL REQUIRE A $250.00 DEPOSIT** (refundable upon move out and once applied to final billing/s)*
(This deposit can be waived if, the tenant has an excellent payment history of 2 or more years with the CITY of SEDONA)

CUSTOMER INFORMATION

OWNER ☐ **$25 ACCOUNT SET-UP FEE WILL BE APPLIED TO YOUR FIRST BILLING**

TENANT ☐ **$25 ACCOUNT SET-UP FEE (APPLIED TO YOUR FIRST BILLING)**
$250.00 DEPOSIT -Due with Application- (if applicable - see aforementioned waiver criteria)
This billing type set-up requires a "Request for Alternate Billing" form signed by Property Manager or Owner.

FIRST MIDDLE LAST

NAME: _____

SERVICE ADDRESS: _____

MAILING: _____

DRIV LIC # _____ PLEASE INCLUDE A COPY OF YOUR LICENSE

DATE OF BIRTH: ____/____/____

PHONE: _____ EMAIL ADDRESS: _____

START OF LEASE OR CLOSE OF ESCROW DATE _____

By signing below, I hereby agree to pay all deposits and monthly wastewater fees for the above-described property. I also understand that by failing to make any payment, my entire deposit will be forfeited. I further agree to provide timely notice of my intent to vacate the property.

APPLICANT SIGNATURE: _____

ESCROW COMPANY: _____

_____ Tenant Initials

$250 DEPOSIT WILL BE REFUNDED WHEN YOU MOVE OUT UNLESS YOU HAVE AN OUTSTANDING BALANCE. THE DEPOSIT WILL BE APPLIED TO THE BALANCE.

Owner Option to assume responsibility for wastewater fees and waiver of tenant deposit: By signing below, and in exchange for the waiver of the tenant security deposit, I as owner of the above-described property, do hereby agree to assume full responsibility for all wastewater fees and charges that may be incurred by any tenant or myself. I also understand that if there are any delinquent wastewater fees, that a lien may be placed upon my property for the full amount due and owing.

Signature of Owner: _____ Date: _____

Office Use Only

TENANTS - NON-INTEREST BEARING DEPOSIT	$250.00	PROPERTY OWNERS	
ACCOUNT SET-UP FEE (NON-Refundable)	$25.00	ACCOUNT SET-UP FEE (NON-Refundable)	$25.00
TOTAL	$275.00	TOTAL	$25.00

Date Paid: _____ Form of Payment _____
Cash Check C.C. E-Check

Terminate Service for previous customer ☐
Terminate previous customer account ☐
Connect new customer ☐
Connect new customer services ☐

Notes: _____

CITY OF SEDONA
REQUEST FOR ALTERNATE BILLING/GUARANTEE AGREEMENT
For Commercial Properties or Residential/Multi-Family Properties of 5 or More Units

Please print or type the following information – only fully completed forms will be accepted

Service Address: _____**Account No.**_____

TENANTS NAME: _____ UNIT NUMBER:_____

I, _____, **owner** of the above-mentioned property, request that the tenant listed on this form be billed for utility services as of _____(date).

OR

I, _____, am the **Licensed Real Estate Agent or Licensed Property Manager**, for the above-mentioned property consisting of five or more residential/multi-family units or commercial property; request that the tenant listed on this form be billed for utility services as of _____(date).

I understand that the City of Sedona may deny service to the tenant listed on this form for outstanding utility bills as determined by the City. I have informed the tenant listed on this form that they are responsible to establish utility services in their name and pay all deposits and service fees associated with establishing utility service with the City of Sedona.

_____This is a residential property; I request that the tenant be billed.

_____My tenant is a commercial business; I request that the commercial business be billed.

I further agree to the following terms/conditions:

- I acknowledge and agree that entering into this agreement does not automatically transfer service to the tenant's name nor will it stop billing the owner/property manager's account. It is the tenants' responsibility to apply for service.
- By signing this form I acknowledge that as the owner or agent of the owner of above referenced property I remain ultimately responsible for payment of all utility rates, charges, fees and penalties applicable to the property if payment cannot be obtained from the tenant.
- I understand that a change in tenants will require a new "Request for Alternative Utility Billing Agreement", and agree to complete such forms when a new tenant rents the property.
- I understand that any changes in tenant or ownership must be reported to the City within 5 days of such change, and agree to provide such notice within this period of time.
- I understand that In addition to the tenant on record receiving a delinquency notice when the account is past due, I as the owner or agent who signs this form will also be mailed a duplicate notice to the address provided on this form. I agree to guarantee payment of any such past-due amounts. I further understand that my failure to make any delinquent payments will subject me to additional fees and penalties per the Sedona City Code.
- As the owner/agent of this property, I agree to cooperate fully with the City of Sedona in its efforts to obtain payment of all amounts due and owing to the City by the tenant. This includes, but is not limited to, notifying the City of any forwarding address or other locator information such as phone numbers, relative information, references, etc.

Owner'sSignature:_____Date: _____

Licensed Real Estate Agent or Licensed Property Manager

Signature:_____Date: _____

Please provide the mailing address and phone number for the Owner, Licensed Real Estate Agent or Licensed Property Manager signing this form; this information will be used when sending the duplicate delinquent notice.

Address:_____Phone:_____

Please mail, fax or drop off form to:

CITY OF SEDONA
Finance Department
102 Roadrunner Drive
Sedona, AZ 86336
Phone: 928-204-7205 Fax: 928-282-7207 Email: Finance_Dept@sedonaaz.gov

City Use Only

Date Entered: _____

By: _____

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