Finance Department
221 Brewer Rd.
Sedona, AZ 86336

Tel: (928) 204-7185
wastewaterbilling@sedonaaz.gov

WASTEWATER BILLING METHOD SELECTION
RESTAURANTS

CUSTOMER INFORMATION

Owner/Customer:	Name of Business:
Wastewater Account # / Sedona Business License # (if known):	Contact Phone Number:
Service address:	
Mailing address (if different):	

Restaurant - Please select preferred billing method:

Water Usage-Based (**$1.19** per Hgal or 100 gallons) ☐

(If you select water usage, please complete and sign the section below with the information about your water provider. You must have a separately metered water service to elect this billing method.)

Square Footage (Per 100 sq. ft. indoor **$31.45**) ☐

Square Footage (Per 100 sq. ft. outdoor **$15.73**) ☐

(If you select Square Footage billing, City staff will schedule a time to measure the square footage of the customer service areas of your restaurant, please complete and sign the section below.)

Water Usage-Based Billing

Please provide us the name of your local water provider. Billing will be based on the average usage from January to December for the prior year. By signing below you authorize the City to contact your water provider and provide usage history on all accounts associated with the business. If your provider is unable or unwilling to provide the City the usage information, we will contact you and request that you provide the necessary information. In the alternative, you may provide the City copies of your water history for 12 months. If the City is unable to obtain complete water usage information, the account will be billed under an alternative method.

Water Customer Name:

Water Provider:

Water Account Number(s):

_____

Authorized signature to request water usage-based billing

Square Footage-Based Billing

Please provide us a contact name and phone number to schedule the measurements. By selecting square footage as the billing method and signing below, you agree and consent to City representatives entering your business property in order to take the necessary floor area measurements.

Contact Name:

Contact Phone Number:

Contact email address (if available):

_____

Authorized signature to request square footage based billing and measurement of the establishment

For Office Use Only

Total Square Footage of Restaurant: _____ Date Updated in Springbrook:_____

Inspected By: Processed By:

Date of Inspection: _____ Number of Water Meter(s) Serving Property _____

Notes/Comments: