

APPLICATION FOR COMMERCIAL WASTEWATER SERVICE



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

Mailing Address:
 City of Sedona 102 Roadrunner Drive--Sedona, AZ 86336

Email: Billing@sedonaaz.gov
Phone (928)204-7205 **Fax (928)282-7207**

Account Setup Fee **\$25**

Section I. Business Information

| | | | |
|----------------------------|-----------|-----------------------------------|--------------|
| Business Name (Legal Name) | | Doing Business as Name (DBA Name) | |
| Street # | Direction | Street Name | |
| | | | Suite/Apt. # |
| City | | State | Zip |
| | | Business Phone | |
| E-mail Address | | Sedona Business License# | Federal ID# |

Section II. Mailing Address & Phone Number

Enter Name if Different from Section I (above) or Enter Care-of Name

| | | | |
|----------|-----------|----------------|--------------|
| Street # | Direction | Street Name | |
| | | | Suite/Apt. # |
| City | | State | Zip |
| | | Business Phone | |

Section III. Business Ownership

Ownership Type: Individual Other LLC Corp. - State of Inc. _____ Partnership Other

If LLC - IRS Filing designation: Sole Proprietor Corporation Partnership

| | | | |
|---|----|--------------|------------|
| Owners, Partners, Officer, Individuals, or LLC Members or LLC Members | 1) | Name | Cell Phone |
| | | Home Address | Title |
| | | City | Email |
| | 2) | Name | Cell Phone |
| | | Home Address | Title |
| | | City | Email |
| Statutory Agent | | Name | Phone # |

Section IV. Business Type and Premises Status

| | | | | | | | | | |
|-----------------------------------|--------------------------|--------------------------|------------------------------|-----------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Retail | Rental | Hotel/Motel | Wholesaler | Restaurant | Amusements | Comm/Lease | Construction | Office | Other |
| Describe Nature of Business | | | | | | | | | |
| Do you own your Business Location | | | <input type="checkbox"/> YES | <input type="checkbox"/> NO | Landlord Name | | Landlord Phone # | | |

By signing below, I hereby agree to pay all monthly wastewater fees for the above-described property. I further agree to provide timely notice of my intent to vacate the property.

APPLICANT SIGNATURE: _____

MOVE-IN DATE/CLOSE OF ESCROW DATE: _____

ESCROW COMPANY: _____