



**CITY OF SEDONA  
REQUEST FOR ALTERNATE BILLING  
Four or Less Residential Units**

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

**Service Address:** \_\_\_\_\_ **Account No.** \_\_\_\_\_

**Tenant's Name:** \_\_\_\_\_

**Second Name (if any):** \_\_\_\_\_

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; 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.

- Submitting this RAB does not automatically transfer service to the tenant's name. It is the tenants' responsibility to apply for service.
- A change in tenants will require a new "Request for Alternative Utility Billing Form."
- Any changes in tenant or ownership must be reported to the City within 5 days of such change.
- In addition to the tenant on record receiving a delinquency notice when the account is past due, the owner or agent who signs this form will also be mailed a duplicate notice to the address provided on this form.
- 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 immediately when the tenant vacates the property, and giving the City any forwarding address or other locator information such as phone numbers, relative information, references, etc.

**Owner's Signature:** \_\_\_\_\_ **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: Billing@sedonaaz.gov

<b>City Use Only</b>
Date Entered: _____
By: _____