



**Financial Services Department**

102 Roadrunner Dr.  
Sedona, AZ 86336  
928-204-7185  
wastewaterbilling@sedonaaz.gov

**APPLICATION FOR RESIDENTIAL LOW-FLOW MONTHLY WASTEWATER RATE**

**PROGRAM NOTE:** This rate goes into effect on the first of the month that this completed form is received. Communication from the City regarding this permit/license must comply with A.R.S. § 9-495

The intent of the Low-Flow Monthly Wastewater Rate Program is to reduce the amount of indoor water use by Sedona wastewater customers through the conversion to toilet fixtures that do not exceed 1.6 gallons per flush. In order to qualify for the residential low-flow wastewater rate, all toilet fixtures in the residence must not exceed 1.6 gallons per flush.

How do you know if your toilet fixtures are low-flow? All toilets produced in the United States after 1994 are low-flow and use no more than 1.6 gallons of water per flush. In most toilet fixtures, you can confirm the water use of a toilet by checking the flush volume stamped between the seat and the tank or stamped just inside the tank. If the toilet is low-flow, it will read "1.6 gpf/6.0 lpf" or less. Alternately, If the manufacture date is stamped on the toilet and is later than 1994, the toilet is a low-flow fixture. If neither the flush volume nor a date stamp is present, the water volume in the toilet tank can be measured. Please contact our office if you need assistance with these calculations.

**APPLICANT INFORMATION**

Home Owner:	Wastewater Account Number:
-------------	----------------------------

Service Address:	City, State Zip code
Street Number                      Street Name	<b>Sedona, AZ 86336</b> (Location must be within Sedona City Limits)

Mailing Address (if different from service address):	City	State	Zip code
Street Number                      Street Name			

Email Address:
----------------

Phone Number:	Cell Phone Number:
---------------	--------------------

**FIXTURE INFORMATION**

Total number of toilet fixtures in the residence:	Total number of low-flow toilet fixtures in the residence:
---	--

List the manufacturer, manufacture date (if available) and model of each toilet fixture in the residence: (Attach a separate sheet if more room is needed.)

Manufacturer	Manufacture Date	Model	Other note
1.			
2.			
3.			
4.			

By signing below I confirm that all of the toilet fixtures in my residence are low-flow and use 1.6 gallons of water, or less, per flush. I agree to allow the City of Sedona to schedule an appointment, at any time in the future, to inspect and confirm that all the toilet fixtures in my residence are low-flow and qualify for the low-flow monthly wastewater rate. I also understand that if I provide false information to obtain the low-flow monthly wastewater rate, I will be required to repay the difference between the standard rate and discounted low-flow rate along with any applicable late fees and penalties.

Applicant Signature: _____	Date: _____
----------------------------	-------------