



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

City Use Only	
Account #	_____
<input type="checkbox"/> \$185.00 Deposit:	
<input type="checkbox"/> Letter of Credit:	

## APPLICATION/AGREEMENT FOR RESIDENTIAL WASTEWATER SERVICE

This form can be returned in person, mailed or emailed (see information above).

**If eligible, applications for low-flow rate are available upon completion of additional form - please inquire at wastewaterbilling@sedonaaz.gov. Standard rate is \$61.11. Low-flow is \$47.52.**

**Communication from the City regarding this permit/license must comply with A.R.S. § 9-495**

Please check the applicable box:

### PROPERTY OWNER

- A \$30.00 account set-up fee will be charged to the first billing statement.
- A copy of your driver's license or state-issued identification is required with application.

### TENANT

- A \$30.00 account set-up fee will be charged to the first billing statement.
- A copy of your driver's license or state-issued identification is required with application.
- A copy of your lease agreement, showing the beginning rental date, is required along with application.
- A \$185.00 deposit is due with application. The \$185.00 deposit may be waived with a recent letter of credit from a utility company showing one year of timely and consistent payments. This deposit will be refunded upon closing of the wastewater account or applied to any outstanding balance due at the time of closing the wastewater account. If the deposit balance has less than \$5.00 remaining after being applied to any outstanding balance, that amount will be forfeited.

Please complete:

Applicant: \_\_\_\_\_  
First Middle Last

Co-Applicant: \_\_\_\_\_  
First Middle Last

Service Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_  
Applicant Co-Applicant

E-mail Address: \_\_\_\_\_  
Applicant Co-Applicant

Date of Birth: \_\_\_\_\_  
Applicant Co-Applicant

Close of escrow date OR Start of lease date: \_\_\_\_\_

Escrow Company : \_\_\_\_\_ Escrow Number: \_\_\_\_\_

**Please read and initial.** If a refund check is issued upon closing of the account, it must be cashed within six (6) months of issuance, or the check will become void and only re-issued at the payee's request. \_\_\_\_\_ Initial

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

**Applicant Signature:** \_\_\_\_\_ **Co-Applicant Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_