

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

City Use Only
Account #:
\$ Deposit:YesNo
Comments:

Tenant Request to Cancel Wastewater Service

Thank you for notifying the City of Sedona Financial Services Department of your plans to move and close your wastewater service account.

	e provide the following information:
(Missi	ng or incorrect information may delay your request.)
Nam	e on Account:
Mov	e Out Date:
Acco	unt #:
Servi	ce/Property Address:
Forw	arding Address (please provide full address, city, state, and zip):
	e:
Emai	I Address:
Please return	the completed form to <u>Wastewaterbilling@sedonaaz.gov</u> or mail to:
Finar 102 F	of Sedona ncial Services Department Roadrunner Drive na, AZ 86336
•	ny questions, please call the Financial Services Department at (928) 204-7185 or email billing@sedonaaz.gov.
Tenant Signa	ture:
Owner or Pro	pperty Manager's Signature:
	rty Manager agrees that the move out date noted above is the date that billing will be transferred to the owner/gement company or new tenant if an application was received by the City from the new tenant.

Please note: If you are a tenant moving to a new location within the City of Sedona you will need to complete a new application and update your auto pay.