



REGISTRATION FOR SEWER AND/OR SANITATION SERVICES

Return this form via mail: City of Sierra Vista, 1011 N Coronado Dr, Sierra Vista, AZ 85635

Fax: 520-417-6971 or Email: Utilities@SierraVistaAZ.gov

Are you: **Property Owner** or **Tenant** Do you have a previous account(s) with the City of SV? Y N

MOVE IN DATE: _____ (This is the service start date)

Service Address: _____

ACCOUNT HOLDER(s):

Last Name: _____ First Name: _____

SSN: _____ Phone number: _____

Last Name: _____ First Name: _____

SSN: _____ Phone number: _____

Previous Address _____

Mailing Address (if different from service address): _____

City: _____ State: _____ Zip: _____

<p>I would like to receive my bill via: (please initial) MAIL ONLY _____ EMAIL ONLY (email address required) _____ BOTH _____ EMAIL ADDRESS: _____</p>

Send Bills to Property Management Company? Y N

Property Management Company: _____ Phone: _____

Address: _____ State: _____ Zip: _____

Please select service requested:

_____ 65-gallon can _____ 95-gallon can _____ 95-gallon Recycling Bin (optional)

<p><i>I understand that the City of Sierra Vista will run a "soft" credit check to verify identity and determine if a deposit will be required. I understand the results will be used only for that purpose. If I do not agree to the credit check or do not agree to provide my social security number I will be required to pay the maximum deposit.</i></p> <p>ACCOUNT HOLDER INITIALS: _____ Date: _____</p>
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_____ *I understand that I am financially responsible for the services provided to me by the City of Sierra Vista. I understand that a 10% penalty fee will be added to past due accounts.*

_____ *I agree to pay my account charges in a timely manner.*

_____ *I understand that I will be held liable for charges until I move out of the property and terminate the account or until the next resident sets up a new account.*

A completed copy of this form is as valid as the original.

SIGNATURE OF ACCOUNT HOLDER _____ **DATE:** _____

*****OFFICE USE ONLY*****

Online Check: Y N	Sewer	CSR:
Deposit:	RR/SAN 65 95	ACCOUNT #:
Admin Fee: \$20.00	S/O #:	CUSTOMER #:

Deposit Receipt #: _____