



# 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](mailto: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><b>I would like to receive my bill via: (please initial)</b>  <b>MAIL ONLY</b> _____ <b>EMAIL ONLY (email address required)</b> _____ <b>BOTH</b> _____  <b>EMAIL ADDRESS:</b> _____</p>
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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><b>ACCOUNT HOLDER INITIALS:</b> _____ <b>Date:</b> _____</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 #: \_\_\_\_\_