



NOTICE AND RELEASE FOR TEMPORARY VOLUNTARY UTILITY SERVICE SUSPENSION ACKNOWLEDGEMENT FORM

CITY OF SCOTTSDALE
7447 E. INDIAN SCHOOL RD. STE. 110
SCOTTSDALE, AZ 85251
PHONE (480) 312-2461 / FAX (480) 312-4803

The City of Scottsdale will temporarily suspend water service and all associated utility services and billing provided by the City to property owners under the following conditions:

1. No services will be used for a minimum consecutive 6-month period.
2. Owners may suspend service for periods less than 6 consecutive months but in such cases, however, the owner shall be responsible for base fees as if service never stopped.
3. All past due balances owed on your utility account must be paid prior to the requested suspension date.
4. Customers remain responsible for any water used, even if water service was turned off or locked. If the city determines that water is used, it will bill the customer for it.
5. Water service will be turned off based on the requested suspension date. If water and/or solid waste service is used during the consecutive 6-month suspension period, or if the property sells or is foreclosed on before the consecutive 6 months has been met, the property owner who suspended the service will be back billed and will be responsible for payment of all fees effective with the requested suspension date, as if service never stopped. The City of Scottsdale monitors water usage, so this request is not a means of avoiding payment for water.
6. This acknowledgement form must be completed, signed and received by mail, fax or in person at the Finance & Accounting Customer Service office listed above at least one business day before the requested suspension date.
7. Property must be maintained to comply with all applicable Scottsdale Revised Code requirements.
8. Service suspension will automatically expire after 12 consecutive months from the date of request approval unless further extended at the discretion of the division director. The owner shall be responsible for water service and all associated utility services once the temporary suspension expires. The aggregate number of months of service suspension to any one property may not exceed 24-months during any consecutive 36-month period.

Conditions for resumption of service:

1. Request for service resumption must be made one business day prior to the requested service start date.
2. Any outstanding balances owed must be paid before the City will resume services.
3. Administrative account establishment fees will be assessed on your account if you have requested resumption of service. It must be paid on the next bill after service is resumed. The amount of fees charged are determined by Scottsdale Revised Code sections 24-30 solid waste, 49-22.1 water and 49-142 sewer at the time service is resumed.
4. Once service has resumed, a new authorization form must be completed for any future requests to suspend service.

REQUIRED INFORMATION – YOUR NAME MUST BE ON THE ACCOUNT YOU ARE REQUESTING TO SUSPEND

<u>NAME ON ACCOUNT</u>			<u>UTILITY ACCOUNT NUMBER</u>		
<u>SERVICE ADDRESS</u>			<u>MAILING ADDRESS DURING ABSENCE</u>		
<u>CITY</u>	<u>STATE</u>	<u>ZIP CODE</u>	<u>CITY</u>	<u>STATE</u>	<u>ZIP CODE</u>
	AZ				
<u>SUSPENSION START DATE</u>	<u>CONTACT PHONE NUMBER</u>		<u>EMAIL ADDRESS</u>		

I hereby authorize the City of Scottsdale to suspend my water and all associated utility services based on the conditions set forth above. I understand that if I have a fire sprinkler/suppression system at my property, that this system will not be functional during the period of suspension. I also understand that my homeowner's insurance coverage may be adversely affected due to my fire sprinkler system not being operational and that I have contacted my insurance company to determine any impacts. I hereby waive and release any and all claims I may have against the City of Scottsdale arising out of my voluntary suspension of water service to my property for any risk of fire or related damage to my property, fire or related damage to the property of a neighbor or injuries to persons.

****By signing this you state you are authorized to make decisions on this account and you confirm you have read the conditions above and agree to comply with these requirements.**

PRINT NAME _____

SIGNATURE _____ DATE _____

FOR OFFICE USE ONLY

past due amount	date received	6-month end date	letter sent date & initial
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