

UTILITY SERVICE APPLICATION

CITY OF GRASS VALLEY
125 E Main St, Grass Valley, CA 95945
www.cityofgrassvalley.com
FAX: (530) 274-4399

Fire: (530) 274-4370
Building: (530) 274-4300
Public Works/Engineering (530) 274-4350
Finance (530) 274-4300

Service Address: _____ **Route #:** _____ **Service#:** _____

Current Customer ID#: _____ **Owner ID#:** _____ **New Customer ID #:** _____

Effective Date: _____ **Meter Read (if available):** _____ **Date Read:** _____

Service Type:

- _____ Bill tenant: (Complete Part A, B & C)
- _____ Owner: Change Ownership, Name or Mailing Address/ To Owner from Tenant (Complete A & C)
- _____ Establishing New Service: __Sewer __Water __Irrigation __ Fire Service (Complete A & C)

Part A: To be completed by ALL applicants:

ID Verified by: _____ Date: _____

Applicant Name: _____ SSN: _____ DL#: _____ Exp: _____
Co-Applicant Name: _____ SSN: _____ DL#: _____ Exp: _____
Mailing Address: _____ Contact Phone: _____
City: _____ St: _____ Zip: _____ Alt Phone: _____

Part B: To be completed by ALL tenants - *Please read before signing*

Affidavit: I hereby declare under penalty of perjury that the reported information is true and correct to the best of my knowledge.

Applicant's Signature: _____ **Date:** _____

Co-Applicant's Signature: _____ **Date:** _____

Part C: Owner's Acknowledgment:

The owner hereby agrees to be liable for the cost of all water and/or sewer supplied to the property cited above and understands that if said water/sewer bill is not paid, the service may be discontinued, a lien may be placed against the property or other legal steps taken as necessary.

Affidavit: I declare under penalty of perjury that the foregoing is true and correct to the best of my knowledge.

Owner's Signature: _____ **Contact Phone:** _____

Executed on: _____, 20____ at _____, California

Owner's Name (please print): _____

Mail Address: _____ **City:** _____ **St:** _____ **Zip:** _____

City of Grass Valley Use Only

Location#: _____ **Route#:** _____ **Service#:** _____
Service Address: _____ **Customer ID#:** _____
Effective Date: _____ **Owner ID#:** _____ **New Customer ID#:** _____

Notification Info: Name & relation to property: _____
Date: _____ Phone#: _____ Method: _____
Escrow Info: Company: _____ Officer: _____ Estimate done: _____
Phone#: _____ Close Date: _____ Escrow#: _____
Deposit Req'd?: _____ Payment Plan?: _____ Date 1st Payment Rec'd: _____ Date Last Payment Due: _____
Comments: _____

Application Received By: _____ Info Verified By: _____ Completed By: _____ Date: _____

Closing Information:
Name: _____ Contact phone: _____
Forwarding Address: _____ Alternate phone: _____

Closing Bill: Final Bill from _____ Thru _____ = _____ Days

Previous Balance Due: \$ _____ Thru _____

Pro-rated Water: \$ _____
Pro-rated Sewer: \$ _____
Water Usage: \$ _____
Other: \$ _____

Current Balance Due: \$ _____

Less Deposit: \$ _____

Total Due this Account: \$ _____
Deposit refund amount: \$ _____ **Date:** _____

Previous Meter Read: _____
Estimated Gallons Used: _____
Estimated Current Read: _____

Comments: _____

NEW SERVICE INFORMATION:

Connection/Impact Fees: Water \$ _____ Sewer \$ _____ Date Paid _____ Rec'd By _____

Department Review: Building: _____ Fire Dept: _____ Engineering: _____ P.W.: _____ Finance: _____
Date: _____ Date: _____ Date: _____ Date: _____ Date: _____
By: _____ By: _____ By: _____ By: _____ By: _____

Meter Installation Date: _____ By: _____ Meter#: _____ Reading: _____
Meter Size: _____ Water Type: _____ Class: _____ Sewer Type: _____ APN: _____
Comments: _____

