

City of Grass Valley

125 E Main St .Grass Valley, CA 95945

Fire Dept 274-4372, Bldg Dept 274-4340, Public Works/Engineering 274-4350, Finance 274-4300, Fax # 274-4399

UTILITY SERVICE APPLICATION

Service Type:

___ Sewer/Commercial/Property Mgmt, to bill tenant (Choose option III & complete Parts A, B & C)

___ Water/Sewer, to bill tenant (Choose Option below & complete application)

___ Change Ownership/to Owner from tenant, ___ Mailing address only (Complete Part A & C)

___ New Service Only Check appropriate: Sewer; Water Other _____ (Complete A & C)

RT ___ SEQ ___

Service Address: _____ Acct# _____ Location # _____ New Acct# _____

Notification Date: _____ Taken by: _____ Method _____ Effective Date: _____

COMMENT:

Section 10009.6(a) of the PUC: The decision of a public utility to require a new residential applicant to deposit a sum of money with the public utility prior to establishing an account and furnishing service shall be based solely upon the credit worthiness of the applicant as determined by the public utility.(b)"The municipal corporation may not require that service to subsequent tenants be furnished on the account of the landlord or property owner unless the property owner consents through a written agreement.(c) A public utility subject to this section may not demand or receive security in an amount that exceeds three times the estimated average monthly bill.

OPTIONS

I ___ Complete Part A, & B **and** show Credit worthiness by supplying to the City of Grass Valley a current credit report. (no more than 30 days old)

II ___ Security Deposit for water/sewer in the amount of \$200.00 (Complete Part A & B below).

III ___ Supply property owner's agreement to be responsible for the bill (Complete Part A, B, &C below).

PART A: To Be Completed By All Applicants: Date of Occupancy: ___/___/___ Owner ID _____

Applicant's Name: _____ Co-Applicant: _____

Mailing Address: _____

Home Phone: _____ Work Phone: _____ Home Phone: _____ Work Phone: _____

SS# _____ DL# _____ Exp Date _____ SS# _____ DL# _____ Expdate _____

PART B: Please read Before Signing: When option II is chosen and a \$200 deposit is made: This deposit will be reimbursed at the end of one year if the applicant has made all payments prior to the ten-day notice date defined in Section 13.04.310 of the Grass Valley Municipal Code. The customer needs to request refund from the City at the end of the one year.

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: _____ Meter Read _____ 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 as necessary will be taken.

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

Executed on _____, 20 ____ at _____, California

Owner's Signature: _____ Address: _____

Phone: _____ Date: _____

Space below for City of Grass Valley Use Only

Connection Fees:	Water = \$ _____	Sewer = \$ _____	Date Paid _____	Rec'd By _____
Department Review	Building: Date: _____ By: _____	P.W. Engineering: Date: _____ By: _____	P.W. Operations: Date: _____ By: _____	Finance: Date: _____ By: _____

Based on credit worthiness applicant is is not required to pay a deposit of \$200.00.

Authorized By: _____ Date: _____

Comment: _____

CLOSING INFORMATION:

Name: _____ Home Ph. # _____

Forwarding Address: _____ Work Ph. # _____

Closing Balance: Previous Balance due: \$ _____ to: _____ # Days: _____
 Pro-rated water: \$ _____ water class _____
 Pro-rated sewer: \$ _____ sewer class _____ # units: _____
 Water Usage: \$ _____
 Other: _____: \$ _____ elevation class _____
 Deposit: \$ _____

Total Due this Account: \$ _____
 =====

_____ **Current Meter Reading**
 _____ **Previous Meter Reading**
 _____ **Gallons Used**

Comment: _____

FOR NEW SERVICE ONLY:

Water: Meter Installation Date ___/___/___ By: _____ Meter # _____
 Reading# _____ Meter size _____ Water type _____ Class _____
 Sewer: Sewer Type _____ Lift Station _____

Parcel # _____ - _____ - _____

Comment: _____

