CITY OF
CLOVERDALE

email: customerservice@ci.cloverdale.ca.us FAX: 707-894-3451

WATER/SEWER START SERVICE APPLICATION

DATE TO START: _____ **You may be required to be on the property at the time water is turned on at this location.**

SERVICE ADDRESS: _____

Check one: ■ **I own this home** □ **I rent (complete home owner/landlord info below)** □ **I am agent for this property***

Account Holder(s) First and Last Name: _____

Authorized User(s) on Account: _____

Mailing Address (if different than service address): _____

City / State / Zip: _____

Home Phone: _____ **Work Phone**: _____ **Cell Phone**: _____

Last (4) Digits Social Security number: _____ **California ID#** _____ **Exp**: _____

Email Address:_____

Employer Name: _____ **Phone**: _____

Employer Address: _____

Have you had an account in Cloverdale prior to this application for service? □ No □ Yes

Address of Last Account: _____ **Approximate Date Closed**: _____

IF YOU ARE NOT THE PROPERTY OWNER, THE FOLLOWING INFORMATION MUST BE COMPLETED

Property Owner Name: _____ **Property Owner Phone Number**: _____

Property Owner Mailing Address: _____

*Agents must have a letter on file authorizing them to discuss matters related to managing this property, including shut-offs for non-payment by tenants, leak notification, excessive use notification, et cetera. *CMC 13.04.160(f) Failure to pay charges for water furnished to properties either owned by or rented or leased to the customer of record shall constitute a lien against the subject real property after due notice has been given to the owner of the real property. (Ord. 638-2006 (part), 2006; Ord. 477-93 (part), 1994)*

I understand all fees are subject to change based on City Council Resolution and I am responsible for all charges accrued on the account. I acknowledge that I have received the form titled "*City of Cloverdale Utility Department Important Water and Sewer Service Information*" which outlines my responsibilities and billing and payment procedures; and I fully understand the terms and responsibilities of having a water/sewer account with the City of Cloverdale.

X_____ _____

Signature of Applicant/Account Holder **Date Signed**

FULL PAYMENT REQUIRED

(Checks made payable to the City of Cloverdale)

□ **$75.00** non-refundable start service fee

□ **$150.00** deposit (applied to account on receipt of a written request after one year of penalty-free payments)

□ **$75.00** deposit if direct debit form completed (applied to account upon request after six months of penalty-free payments)

□ Deposit waived – prior acct on time payment history - must be verified to qualify for waiver

□ **$150.00** instead of $75.00 if same day service requested

TOTAL DUE/PAID: _____