CITY OF DALY CITY

UTILITY USERS TAX

PROVIDER REGISTRATION

PROVIDER INFORMAITON

Company Name:

DBA (if any): State of Incorporation:

Business Address:

City: State: Zip Code:

Federal EIN:

PRIMARY CONTACT

Name: _____

Phone Number: _____ Title: _____

Email: _____

BUSINESS/SERVICE DETAILS

Anticipated UUT Collection Start Date: _____

CERTIFICATION & AGREEMENT

I hereby certify that the information supplied is both true and accurate.

Signature: _____ Date: _____

Please return to :
City of Daly City
Accounts Receivables
333 - 90th St
Daly City, CA 94015