

City of Portola 35 Third Ave Portola, CA 96122 530-832-6803 FAX: 530-832-5418

New Property Owner

Application and Agreement for Utility Services

□ Owner occupied □ Tenant occupied*□ Vacant

Effective date of purch A copy of Escrow paperv	ase vork showing effective date of purchase and new owner name is required
Service Address:	
Property Owner:	
Mailing Address:	
Home Phone:	Alternate Phone:
Email:	e tenant authorization form if applicable
accepted, I will be hereafter adopted costs and fees res termination of ser failure to pay the for all services in becomes delinque	plication for utility services from the City of Portola I understand and agree that if my application is e subject to all provisions of City ordinances, rules, policies, procedures and regulations now existing or and as they may be amended. I agree to pay all charges associated with the utility services, including al ulting from late payment and acknowledge that all changes to the account information, including rvices must be made in writing. I understand that credit must be established prior to service and that charges by the due date may result in late fees and discontinuation of service. I also guarantee payment cluded in the agreement and to pay the cost of collection of this account, including attorneys' fees, if it ent. By signing below, I certify under penalty of perjury that the information provided is true and correct f the State of California.
Property Owner	signature Date
against applicants seeking to information will not be used	requested by the Federal Government in order to monitor compliance with Federal Laws prohibiting discriminatio participate in this program. You are not required to furnish this information, but are encouraged to do so. Thi in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish ince/national origin of individual applicants on the basis of visual observation or surname.
<u>Gender:</u>	MaleFemale
Ethnicity:	Hispanic or Latino Not Hispanic or Latino
Race/National Origin	n of Applicant (check one):
	American Indian/Alaska NativeNative Hawaiian or other Pacific Islander
	Black or African AmericanAsianWhite
	Office Only
	Meter Number: Reading:
	Initials: Date:
	□ Read only □ Turn water on & read □ Turn water off, Lock & Read

Deposit Amt Pd:
Credit Check Approved:
Verified By:
Date: