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

Deposit Amt Pd: _____

Credit Check Approved: _____

Verified By: _____

Date: _____

New Property Owner

Application and Agreement for Utility Services

_____ ☐ **Owner occupied** ☐ **Tenant occupied*** ☐ **Vacant**

Effective date of purchase

A copy of Escrow paperwork showing effective date of purchase and new owner name is required

Service Address: _____

Property Owner: _____

Mailing Address: _____

Home Phone: _____ Alternate Phone: _____

Email: _____

*** Please complete tenant authorization form if applicable**

I hereby make application for utility services from the City of Portola I understand and agree that if my application is accepted, I will be subject to all provisions of City ordinances, rules, policies, procedures and regulations now existing or hereafter adopted and as they may be amended. I agree to pay all charges associated with the utility services, including all costs and fees resulting from late payment and acknowledge that all changes to the account information, including termination of services must be made in writing. I understand that credit must be established prior to service and that failure to pay the charges by the due date may result in late fees and discontinuation of service. I also guarantee payment for all services included in the agreement and to pay the cost of collection of this account, including attorneys' fees, if it becomes delinquent. By signing below, I certify under penalty of perjury that the information provided is true and correct under the Laws of the State of California.

_____ _____

Property Owner signature Date

The following information is requested by the Federal Government in order to monitor compliance with Federal Laws prohibiting discrimination against applicants seeking to participate in this program. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, we are required to note the race/national origin of individual applicants on the basis of visual observation or surname.

Gender: ____Male ____Female

Ethnicity: _____Hispanic or Latino ____ Not Hispanic or Latino

Race/National Origin of Applicant (check one):

_____American Indian/Alaska Native _____Native Hawaiian or other Pacific Islander

_____Black or African American _____Asian _____White

Office Only

Meter Number_____ Reading_____

Initials_____ Date_____ Comments/Location notes_____

☐ Read only _____ ☐ Turn water on & read _____ ☐ Turn water off, Lock & Read_____