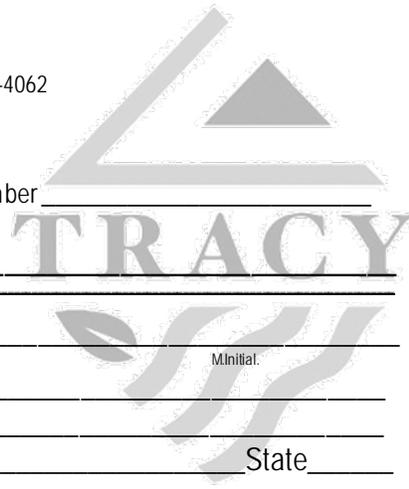


City of Tracy

Finance and Administrative Services Department • 333 Civic Center Plaza • Tracy • CA • 95376-4062

eMail: customerservice@ci.tracy.ca.us • Phone: 209-831-6800 • Fax: 209-831-6846

Website: <http://www.ci.tracy.ca.us/>



UTILITY SERVICE APPLICATION for Residential Property

Account Number _____

Service Address _____

#1: Primary Applicant:

Billing Name _____

LAST

FIRST

Initial

Mailing Address (if different) _____

Social Security Number _____

(TAX ID, if Real Estate or Property Mgmt Co)

Driver's License _____

State _____

Employer _____

Work Phone Number _____

Home Phone Number _____

Cell Number _____

1st time service in Tracy? _____, If not, last Tracy address _____

#2: Co-Applicant, if applicable:

Co-applicant Name _____

LAST

FIRST

Initial

Social Security Number _____

(TAX ID, if Real Estate or Property Mgmt Co)

Driver's License _____

State _____

Employer _____

Work Phone Number _____

Home Phone Number _____

Cell Number _____

1st time service in Tracy? _____, If not, last Tracy address _____

Please check and complete one- I am:

<input type="checkbox"/>	Owner of the Property	Escrow Close Date _____
<input type="checkbox"/>	Landlord/Property Manager	# of Rental Units in Tracy _____
<input type="checkbox"/>	Real Estate Agent	Name of Property Owner _____
<input type="checkbox"/>	Renter or Lessee	Landlord Name _____
		Landlord Phone Number _____
		Start date of rental agreement _____

Please note-The City of Tracy requires copies of Close of Escrow documents or Rental/Lease agreements before processing any request for change of service. Please include copies of applicable documents with your application.

All properties are billed for Water, Sewer and Storm Drain Service.

Please select your Garbage service preference:

Garbage Service: (toters are provided, prices vary by size)

<input type="checkbox"/>	60 gallon toter, yard waste toter, recycle toter
<input type="checkbox"/>	90 gallon toter, yard waste toter, recycle toter
<input type="checkbox"/>	Other Service (please specify) _____
<input type="checkbox"/>	None, (house must be completely vacant and a different mailing address provided)

A \$175.00 deposit is required from all renters and those leasing before services are turned on. This deposit will be applied to the closing bill and any remaining credit will be refunded. If the customer moves to a new City service location a new deposit will be required to start services. The deposit will not earn interest.

Accounts are due and payable upon receipt of bill and become delinquent on the date specified on the bill. A 10% late fee will be applied to all delinquent accounts. In addition, accounts more than 45 days delinquent may be processed for disconnection, a \$35.00 processing fee plus all balances owing will be required to maintain and/or restore service. There is \$25.00 charge for returned payments and once 3 (three) returned payments are received against any utility account, we may request cash or money order for all future payments. When you provide a check as payment, you authorize us to use the information from your check to make a one-time electronic fund transfer (EFT) from your account or process the payment as a check. When we use information from your check to make an EFT, funds may be withdrawn from your account as soon as the same day we receive your payment and you will not receive your check back from your financial institution.

Waiver: I request that the City of Tracy turn on water at the above service address regardless of anyone being at the premises. I realize that if all water-using appliances are not completely closed, or if there are any leaks, the premises may suffer water damage. I hereby accept full responsibility for any such damage and agree to hold the City of Tracy harmless if any damage should occur.

Requested start date (all services) _____

Every effort will be made to begin services on your requested start date, however due to high call volumes some orders may be held until the following business day. Furthermore, you may be held responsible for charges back to the close of escrow (owners), date last tenant vacated (landlords), or start of rental/lease agreement (tenants).

Signature _____

Date _____

- Would you like more information about our Pre-Authorized Payment Service? Yes _____ No _____

For Office use only:		
Date Received _____	Date On Daily _____	Route Number _____
Deposit Date _____		
Deposit Amount _____	Meter ID _____	Meter Read _____

Name _____ LAST _____ FIRST _____ Service Location _____

Credit Card Information for deposit payments (fax payments only) Type: Visa _____ Master Card _____ Name on Card _____

Card Number _____ Expiration Date _____ 3 digit card code _____