



CITY OF LAKEPORT

225 Park Street
Lakeport, CA 95453
707-263-5615 ex 305

UTILITY APPLICATION

SERVICE ADDRESS _____ **DATE OF SERVICE** _____

OWNER PROOF OF OWNERSHIP TENANT RENTAL AGREEMENT OTHER _____

MAILING ADDRESS _____

(IF DIFFERENT FROM SERVICE ADDRESS)

LANDLORD NAME	ADDRESS	CITY	STATE	ZIP	PHONE NUMBER
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The City of Lakeport will pull a soft credit inquiry for all applicants applying for utilities. Pulling a soft credit check **WILL NOT** impact your credit score. All parties on the rental agreement or proof of ownership must be on the application. All accounts are subject to a \$45.00 service fee and a deposit based on credit. Deposit is refundable when tenant moves out and is applied to the final bill.

RENTAL AGREEMENT OR PROOF OF OWNERSHIP REQUIRED AT THE TIME OF SETTING UP UTILITIES.

DEPOSIT BASE - GREEN = \$75.00 YELLOW= \$150.00 RED = \$250.00 Initials _____

APPLICANT INFORMATION:

_____ FIRST NAME	_____ LAST NAME	_____ SOCIAL SECURITY NUMBER
_____ PRIMARY PHONE	_____ EMAIL ADDRESS	_____ DRIVER LICENSE DATE OF BIRTH
_____ EMPLOYER	_____ EMPLOYER ADDRESS	_____ EMPLOYER PHONE NUMBER

CO-APPLICANT INFORMATION:

_____ FIRST NAME	_____ LAST NAME	_____ SOCIAL SECURITY NUMBER
_____ PRIMARY PHONE	_____ EMAIL ADDRESS	_____ DRIVER LICENSE DATE OF BIRTH
_____ EMPLOYER	_____ EMPLOYER ADDRESS	_____ EMPLOYER PHONE NUMBER

By signing below, I hereby agree to the terms established by the City of the Lakeport.

APPLICANT SIGNATURE

CO-APPLICANT SIGNATURE

Initials I understand that billing begins from the date of this application and that the City bills monthly for water usage. The bills are due on the 1st of each month and are considered late after the 9th and a \$25.00 fee will be assessed.

Initials I understand that services will continue to be billed until account holder contacts the city to discontinue services.

Initials I understand if the final bill is not paid in full by indicated due date the account is subject to collections or tax rollover.