

**CITY OF LIVINGSTON
NEW SERVICE ACCOUNT – BUSINESS**

City Hall – Finance Department 1416 C Street Livingston, CA 95334

Phone: (209) 394-8041 Fax: (209) 394-4190

Email: utilities@livingstoncity.com



Service Start Date:

Garbage Bin(s) *(specify how many at location):*

New Service Address:

Mailing Address *(if different):*

	APPLICANT	CO-APPLICANT (if applicable)
Business Name		
Business Contact Name:		
Main Phone:		
Cell Phone:		
Driver's License:		
Social Security:		
Email:		

APPLICANT ACKNOWLEDGEMENT

I hereby acknowledge the following:

- I request water/sewer/solid waste disposal service at the premise designated and agree to pay at the rate prescribed by the City's Rate Fee Schedule (subject to change).
- A valid government ID, and proof of residence (ownership or renting) is required to establish services.
- If water is off: It is MY RESPONSIBILITY to make sure ALL the faucets and fixtures on the property are in the OFF position. The City of Livingston will turn water ON whether I am present at the property or not and is not liable for any property damage or usage caused by failure to ensure all water sources are turned OFF.
- I shall be responsible for all water service usage and service charges relating to this service address until the date I notify the City of Livingston discontinuation of these services. Failure to request discontinuation of service will result in being billed for any water usage/charges until I officially close the account in my name.
- **NEW CUSTOMERS ONLY:** A minimum deposit of three (3) times the monthly charge will be required for water service, pursuant to the Livingston Municipal Code 9-4.1. The deposit may be waived with a qualifying credit check score (typically 649 and above). Credit Checks will be conducted upon request at a non-refundable fee of \$5.
- All bills not received by the City of Livingston by the due date will incur a 5% late fee based on current charges
- Failure to pay my monthly bills could result in water service suspension, delinquency notices, calls, texts or emails, and subsequent fees associated with suspended services.

Applicant Signature:

Co-Applicant Signature:

Date:

OFFICE USE ONLY

Acct#: _____

Credit Check: _____

Deposit: _____

Date: _____