

City of Healdsburg Utility Billing Department 401 Grove Street Healdsburg, CA 95448-4723 Phone: (707) 431-3307 Fax: (707) 431-3171

To connect utilities in your name or business name you must fill out the application attached and meet one of the following deposit requirements:

1.) Residential Service: Provide a deposit of \$150.00 dollars. This deposit may be charged to your Visa or MasterCard. We can accept your credit card payment over the phone, in person or you may make the request in writing. If in writing, be sure to include:

- a. Credit card number
- b. Expiration date
- CVC code on the back of the card
- d. Authorized signature

If you make your payment over the phone or request a payment in writing please indicate whether you wish to have your receipt returned. If so, how you would like it returned, by mail or fax. If you choose to have it returned, you must provide the mailing address or the fax number. All correspondence with credit card information will be shredded after transaction is completed.

**Commercial Service:** All of the information listed above for residential service applies to commercial service plus the additional requirement of a business license. A business license is required before utilities can be established in the name of the business. You will need to contact the Utility Billing department for the required commercial account deposit.

- 2.) Letter of Credit from Prior Utility: The prior utility account must have been in your name or same business name and have been paid in a timely manner for a minimum of one year. Your prior utility company can supply you with a letter of credit at your request. If you had services provided by the City of Healdsburg for the last year and made your payment on time, please list your customer number on the application and list it as credit established.
- **3.) Guaranty of Payment Form:** This form must be signed by a current Healdsburg homeowner/utility customer who has paid in a timely manner for the last year.

Please complete the forms below. Complete the highlighted areas only on the Field Service Request form. These forms may be returned:

- Via Email: finance@ci.healdsburg.ca.us
- In Person: City Hall, 401 Grove Street
- **By Fax:** (707) 431-3171
- By Mail: City of Healdsburg, Utility Billing, 401 Grove Street, Healdsburg, CA 95448.

If you have additional questions, please call (707) 431-3307.

| CITY OF HEALDSBURG   | RESIDENTIAL FIELD SERVICE REQUEST                                   |                |                    |                |           |  |  |
|--|---|----------------|--------------------|----------------|-----------|--|--|
| OFFICE ACTION  | FIELD ACTION  |                |                    |                |           |  |  |
| ACCOUNT NUMBER   | APPLICANT NAME  | DATE R         | DATE REQUESTED BY  |                |           |  |  |
| BILLING NAME   | LOCATION  | APPLICA        | APPLICANT PHONE    |                |           |  |  |
| BILLING ADDRESS  | FIELD ACTION REQUEST  |                |                    |                |           |  |  |
|  | ACTION  | METERR         | EADINGS            | SERVICE/METER# |           |  |  |
| CITY, STATE, ZIP   | READ METER  | BEGINNING      | ENDING             | SEWER -        |           |  |  |
| ELECTRIC RATE  C1 P2 P4 D1 D2 D3 D4 D5   | PHYSICAL DISCONNECT   |                | guennen.           | WATER-         |           |  |  |
| IN CITY OR OUT (WATER)   | NEW CONNECT   |                |                    | ELECTRIC —     |           |  |  |
| WATER MIN.   | EXCHANGE METER  | DATE WORKED BY |                    |                |           |  |  |
| SEWER CHARGE   | OCCUPANCY PERMIT  | PERMIT DATE    | BUILDING<br>N OR E | OWNER          | RENTER    |  |  |
| Customer agrees to abide by all City Ord<br>for the Applicant. Bills are due and pa<br>on the bill. Service may be termin<br>delinquency in payment or violation | yable in a manner & time indicated ated without notice for extended | REMARKS CONNEC | CT CT              |                |           |  |  |
|  |   | DEPOSIT REQ'D. | RECEIPT NO.        | GUARANT        | GUARANTOR |  |  |

## CITY OF HEALDSBURG APPLICATION FOR SERVICE

DATE

CUSTOMER SIGNATURE

LETTER OF CREDIT

CREDIT ESTABLISHED

|   |      | DATE      |        |                  |  |
|---|------|-----------|--------|------------------|--|
| NAME<br>PLEASE PRINT<br>SERVICE ADDRESS | LAST |           | FIRST  | SPOUSE           |  |
| MAILING ADDRESS_                        |      |           |        |                  |  |
| DOB                                     | s    | SN        |        | CDL#             |  |
| PHONE/HOME                              |      |           | WORK_  |                  |  |
| EMPLOYER NAME<br>& ADDRESS              |      |           | - 18 H |                  |  |
| OWNER 🗆                                 |      | TENANT 🗆  |        | LETTER OF CREDIT |  |
|   |      | SIGNATURE |        |                  |  |