



City of Lakeport
Water Service Agreement
 225 Park Street, Lakeport, CA 95453
 (707) 263-5615, Ext. 10 or 18
 (707) 263-8584 fax

Service Start Date:	
Service Address:	
Customer Name:	
Mailing Address:	
Home Phone:	Cell Phone:
Name/Address of Home Owner:	

The following information is confidential to the City of Lakeport:

Drivers License:	DOB:	SS #
Employer:		Phone:

Initial Boxes

- City of Lakeport bills that are not paid within 30 days of the mailing date will have a late fee of \$25.00 added to the account, and a delinquent notice will be sent to you. If the bill is not paid by 5:30 p.m. the day prior to the shut-off date, the service will be shut off, and a shut-off fee will be imposed.
- I understand that billing begins from the date of this application until I give notice in writing to the contrary. I understand that should water be used by someone other than me between the time I vacate said premises and the time of my written notice to the City of Lakeport, I am responsible for the bill and agree to pay the same within 30 days.
- I understand that after 12 consecutive on-time payments or when service is stopped, the deposit will be applied to the account.
- I understand if the final bill is not paid within 30 days, the account will be referred to collections.

This account will be subject to a deposit and a \$45.00 non-refundable service fee.
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I HEREBY AGREE TO ABIDE BY THE RULES AND REGULATIONS ESTABLISHED BY THE CITY OF LAKEPORT.

Signature: _____ Date: _____

- Owner
 Tenant
 Property Manager
 Listing Agent

***** OFFICE USE ONLY *****

Book #	Seq #	Service Address:
Account #		Meter #
Deposit Receipt #		Water On <input type="checkbox"/> Read Only <input type="checkbox"/>
Deposit Amount \$		Comments:
System <input type="checkbox"/>	Reading <input type="checkbox"/>	Reading: