



City of Riverbank – Finance Department Utility Services Application

Read _____

Service Address: _____ Account# _____

Owner: Renter: Other: _____ Date (Escrow, Keys to home received or returned): _____

Customer Information

Primary Account Name: _____ Primary Contact # _____

DOB: _____ DL#: _____ SSN: _____

Email Address: _____

Secondary Account Name: _____ Secondary Contact #: _____

DOB: _____ DL#: _____ SSN: _____

Email Address: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Emergency Contact: Name: _____ Phone #: _____

For City Use Only

(Deposit amount below)

Water Service (\$60) Sewer Service (\$100) Garbage Service (\$40)

Garbage Bin Size: 30 Gal 90 Gal # of Bins: _____ # of Organics Bins: _____

- I understand that water service will be furnished and used with the rules, regulations, and ordinance of the City of Riverbank, and I further understand the City of Riverbank does not in any manner guarantee continuous delivery of water on demand nor does it assume any responsibility for damages which may occur due to an interruption of water delivery.
- I hereby guarantee payment of all costs of water, sewer and garbage services rendered to this property in accordance with this application and agree to immediately notify the City of Riverbank Finance Department of any changes to this account.
- If an Owner, I understand that should I decide to rent out the property I am liable for my renters utility bill should the bill go unpaid.
- If a renter, I understand that account information may be disclosed to owner if necessary.
- I understand it is my responsibility to contact the City as soon as possible when vacating the property
- I am hereby notified that a 10% penalty will be assessed to my account if payment is not received by the due date for future utility bills.

Deposit: \$ _____ Cash Charge Check# _____ Credit Established: _____

Deposit will be credited to the account after 6-consecutive billing cycles of service with no late fees and no returned checks OR to the final closing bill, whichever comes first.

Signature of applicant: _____ Date: _____

*Return to: 6617 3rd St. Riverbank, CA 95367 * Fax to: 209.869.7126 * email: utilities@rivrebank.org
Please include application, copy of driver's license, proof of occupancy and deposit payment.*

City of Riverbank
Cancel Utility Services

Read _____

Stop Property Address: _____ Customer Account #: _____

CUSTOMER INFORMATION

Name: _____ DOB _____ DL# _____ SSN _____

NEW Mailing Address: _____

Cell Phone # _____ Home Phone # _____ Other # _____

Employer Name & Address: _____

Spouse/Partner: _____ DOB _____ DL# _____ SSN _____

Cell Phone # _____ Home Phone # _____ Other # _____

Employer Name & Address: _____

Email Address: _____

To terminate service, you must provide current contact information so that we can contact you in the event we cannot terminate service based on the information provided or to return a deposit.

If you are a renter: Move out date: _____ (Date keys are returned to Landlord)

Landlord's Name: _____

Landlord's Phone #: _____

If you are an owner: Close of Escrow Date: _____ or Short Sale/Foreclosure Date: _____

DEPOSIT INFORMATION

If you have a deposit on your account, it will be applied to the final bill and any remainder will be refunded to the account holder. Deposit refunds are processed two to four weeks after the termination of service and are mailed to the account holder. If you are simultaneously starting service elsewhere in Riverbank, your deposit will be transferred to your new account.

Signature of Account Holder: _____ Date: _____

Return to: In person: 6617 Third Street Riverbank, CA 95367

By mail: 6707 Third Street Riverbank, CA 95367

Fax: (209) 869-7126

Email: utilities@riverbank.org