

CITY OF GALT SERVICE APPLICATION

I hereby agree to be governed by any ordinances and regulations now in force and any that may be adopted during the time service is rendered at said premises.

I further agree to pay for service at ordinance rates until I notify the City of Galt Finance Department to discontinue service.

****Current Monthly Rates**

WATER METER BASED CHARGE \$20.71 + USAGE \$.94 per 100 CCF	SEWER \$40.72	STORM DRAINAGE \$2.43/***\$7.58
WWTP UPGRADE FEE \$25.91	**REFUSE \$34.00	SRRE \$.45

A security deposit, equal to three (3) months estimated service, is required to establish or re-establish the above service. \$395.73/***\$411.18. Deposit requirement may be waived upon proof of acceptable credit.

Services are billed bi-monthly, one month in arrears and one month in advance. Payment must be received in our office by 5:30 p.m. on the fifth day of each calendar month following the billing period to avoid a 10% penalty. Non-payment of the delinquent amount shall result in discontinuation of service at which time a turn-off fee and a security deposit, if one is not currently on file, will be required to re-establish service. Drop boxes are located at the entrance of City Hall and in the lobby of City Hall for your convenience.

FAILURE TO RECEIVE A BILL OR PAYMENTS DELAYED IN THE MAIL DOES NOT VOID A LATE CHARGE

*Property Address: _____

Is this a new home/new construction? Yes No Effective Date: _____

Check applicable item: Single Family Home Duplex Triplex or Other Multi-Family Unit

Owner Occupied Rental Commercial (Commercial Property – Please Complete Part 2)

*Mailing Address: _____

Phone _____ Email _____

*Owner/Tenant _____ Co-Owner/Tenant _____
(CIRCLE ONE) (CIRCLE ONE)

DL # _____ Last Four Digits SSN _____ DL# _____ Last Four Digits SSN _____

Employer _____ Employer _____

Work # _____ Work # _____

Applicant Signature _____ Date _____

*Items noted with one asterisk – Are a matter of Public Record.

**Items noted with two asterisks – Rates are subject to change as approved by Council in a public forum. Refuse rate is based on standard refuse which includes a 64-gallon garbage cart. Other sizes are available.

***Items noted by three asterisks – Tier II Storm Drain.

Third party notification available for individuals over 65 years of age or dependent adults. Please ask assistant for application. For accounts with a credit balance of less than \$5.00 a refund will be processed only upon request.

Finance Department Use Only: PHOTO ID VERIFICATION BY: _____ APPLICATION ACCEPTED BY: _____

Utility Deposits

This informational flyer is to provide utility customers with information regarding the City of Galt's policy on utility deposits.

1. A deposit will be required for all new accounts.
2. A deposit will be required when re-establishing service to existing accounts that have been discontinued for non-payment.
3. The deposit will be equal to three months estimated service for standard residential service pursuant to the utility application.
4. Refund of deposit: Accounts will be reviewed at the end of a one-year period. If the application for service is complete and the customer has made timely payments for 12 months from the date of the deposit, the deposit will be applied to the active utility account prior to the next billing cycle. If a late payment has occurred, the account will be reviewed again 12 months from the date of the delinquency. If timely payments have been received for that 12-month period, the deposit will be applied to the active utility account prior to the next billing cycle, if not the account will be reviewed again 12 months from the last delinquency date. No deposit will be refunded on an active account until timely payments have been received for a 12-month period.
5. When a new customer establishes service, the deposit may be waived upon receipt of a completed application, if the applicant can demonstrate that they have good credit.

Creditworthiness can be determined in two ways.

- i. The applicant can present evidence (original document – copies will not be accepted) from a prior utility provider (water, gas, electrical, local telephone or refuse) that shows that the applicant has made timely payments for each billing period in the previous 12 months. The information for the utility provider must be dated within 90 days prior to the application date. This information will remain with the customer account. (City of Galt utility account information will be used for customers with recent City accounts, and this will take precedence over any other credit report.)
 - ii. Sufficient credit may be established from a credit report from a credit-reporting agency. The applicant must demonstrate good credit. The applicant will be responsible for the cost of credit report obtained by the City regardless of the determination of acceptable credit. If the applicant wishes to submit a credit report, it must be an original report issued within 90 days of the request for waiver and must include a Fair Isaac – Equifax Report – Beacon Score.
6. When a credit report is used as the basis for a request for waiver of deposit, the credit report will be the only information considered and subsequent submittals of a utility statement or letter of credit will not be accepted.

If you would like to request that your credit score be obtained to process the deposit waiver, please sign below. There is a \$5.00 charge for this service, payable with application.

Applicant Signature: _____

SSN _____ Previous Address _____

City _____ State _____ Zip _____

Note: Once credit score is obtained, subsequent submittal of utility statements or letters of credit will not be accepted.