

Lot _____

Effective Date: _____

Telephone (209) 736-2181
COA@ANGELSCAMP.GOV

CITY OF ANGELS
Utility Service Application

200B Monte Verda St.- PO Box 667
Angels Camp, CA 95222

SERVICE LOCATION ADDRESS: _____

APPLICANT Check box if owner

Last Name: _____ First Name: _____ MI: _____

Mailing Address: _____

City/St/Zip: _____

Drivers License # _____

Home Phone: (____) _____ Cell Phone: (____) _____ E-Mail: _____

CO-APPLICANT

Last Name: _____ First Name: _____ MI: _____

Mailing Address: _____

City/St/Zip: _____

Home Phone: (____) _____ Cell Phone (____) _____ E-mail: _____

All blanks must be filled in; any omissions could delay services. A deposit of \$250 and a processing fee of \$28.42 is required to process your application and is due upon receipt of such application. Services are charged on a monthly basis. Payment is due in full by the 20th of each month. Payments not received by the due date, or not paid in full, will be assessed a \$16.59 late fee. A lien may be filed on any property owned within Calaveras County for overdue bills pursuant to section §31701 of the Water code of the State of California. I/We hereby agree to abide by and conform to the rules and regulations of the City of Angels governing public services Title 13 and water services Title 14 as defined in the City of Angels ordinances or hereafter amended by the City Council. Also I/We recognize that I/We are ultimately responsible for any unpaid balances owing (14.10.010). All discontinued service should be made in writing with the date of discontinuance and a forwarding address for the final billing (14.25.030). The City will evoke their right to use the CB Merchants Services, A full service collection agency, to collect all delinquent accounts.

Applicant Signature: _____ **Date:** _____

CO-Applicant Signature: _____ **Date:** _____

FOR OFFICE USE ONLY App Fee \$ _____

Customer ID _____ Date: _____ Receipt #: _____ Deposit \$ _____