

TRUCKEE DONNER PUBLIC UTILITY DISTRICT
BUSINESS OFFICE: (530) 587-3896 FAX: (530) 550-1968

TRANSMITTAL

To:
Re: APPLICATION FOR COMMERCIAL SERVICE
Date:
Pages: 4 pages total, including this cover sheet

SERVICE LOCATION:
DEPOSIT REQUIRED:

Enclosed is the commercial service application requested for the above mentioned property.

Please fill out the application in full and return it with the **required deposit**. As soon as we receive the **completed application, deposit, and a copy of the lease agreement** the utility service will be transferred into your name on the date requested. There is a \$60.00 transfer fee which will appear on your first bill.

The deposit is based on two times the highest monthly bill in that property. If this is a newly constructed service, the deposit will be based on the load requirements of the commercial service.

Deposits will be retained for a minimum period of 24 months. When the customer has established credit with the District, the deposit will be refunded with interest. To establish credit, the account must be in service for 24 months, and no more than two late notices in the last 24 months.

If you have any questions please do not hesitate to contact us.

Customer Services

Mailing/Physical Address: 11570 Donner Pass Road Truckee, CA 96161

TRUCKEE DONNER PUBLIC UTILITY DISTRICT

11570 DONNER PASS RD, TRUCKEE, CA 96161

(530)587-3896 FAX(530)550-1968

DEPOSIT _____

APPLICATION FOR COMMERCIAL SERVICE

SERVICE ADDRESS _____
street No. & Name Apt/Space # Unit/lot # Subdivision

OWN ___ RENT ___ LEASE ___ CONTRACTOR ___ Owner's Name/Property Mgr _____ Phone # _____

PLEASE INDICATE DATE SERVICE IS TO BEGIN _____

Business Name		Phone #	
Tax I.D. #/ Social Security #		Owners Social Security #	
Mailing Address	City	State	Zipcode
Individual ___ Partnership ___ Corporation ___		Type of business:	
Checking Account #	Savings Account #	Bank Name /Location	
Names of Owners or Officers		Title	Phone #
Mailing Address	City	State	Zipcode
Name		Title	Phone #
Mailing Address		State	Zipcode
Name		Title	Phone #
Mailing Address	City	State	Zipcode
Owner's Nearest Relative's Name & Address			Phone #
<p>THIRD PARTY PROTECTION PLAN You may choose a third person to be notified before possible termination of your utility service. The third party is not responsible for the bill, but acts as a contact between you and the District in the event that we are unable to reach you. ___Yes, see below. ___No Designation.</p>			
THIRD PARTY NAME _____		PHONE NUMBER _____	
MAILING ADDRESS _____			
P.O. Box/Street No. & Name		City	State Zipcode

I hereby request electric and/or water service to the premises described above and agree to pay the applicable rates and abide by the resolutions, ordinances, rules and regulations of the District. I owe no monies to the District either directly or indirectly under the above name or any other name in which arrangements for payment in full have not been made.

I agree that the District is not responsible for damage caused by or resulting from conditions or circumstances beyond its control including, but not limited to, storms, lightning, floods, fires, vandalism, discontinuance of power from the District's supplier or wiring or plumbing on the premises not owned by the District or for damage caused by or resulting from disconnection of services for any legal reason.

I understand that I am responsible for all utility bills until such time as I notify the District to discontinue utility service in my name. Upon termination of service, the District will return any deposit less the amount of any charge remaining unpaid. In the event that collection proceedings are commenced to collect any unpaid charges, I agree to pay all court costs and a fair and reasonable attorney's fee. The District reserves the right to refuse service or to discontinue service to any customer if all of the above conditions are not accepted and required information is not furnished, if the customer misrepresents the conditions for which service is being requested, or if it is learned at any time that the transfer of service has been requested in order to avoid payment of outstanding charges on the above account.

Important: At any time when freezing weather may occur, all water pipes and appliances should be drained to prevent damage to your property. The District accepts no liability for such damage when its service to your property has been disconnected for any legal reason.

DATE _____ AUTHORIZED BY _____ Title _____

OWNERS WITH RENTALS ONLY - OPTIONAL This is to advise, that in the event I have a tenant renting the property and subject tenant asks that you discontinue utility service, I hereby request that you read the electric meter but do not shut off power to the property. I will be responsible for utility service charges incurred after that reading. This automatic transfer will not apply for those tenants who are disconnected for nonpayment of utilities or nonpayment of a required deposit. I understand that I will be charged the current reconnect fee per the District's Miscellaneous Fee Schedule if I wish service reconnected after termination for non-payment. There will be a reconnect fee to reconnect the service if disconnected. This authorization will remain in effect until revoked in writing.

Yes, No, not interested at this time.

DATE _____ AUTHORIZED BY _____ **READ CAREFULLY BEFORE SIGNING**

Truckee Donner Public Utility District
11570 Donner Pass Rd, Truckee, CA 96161

Ph #(530) 587-3896 Fax #(530) 550-1968

Customer Name: _____

Account Number: _____

By signing the agreement below, you will be authorizing Truckee Donner PUD to automatically draft your checking or savings account each month for payment of your electric and/or water charges.

You will continue to receive your monthly statement. Your bank will debit your checking account on the due date of the bill for the exact amount of the charges and transfer that amount to the Truckee Donner PUD.

**IMPORTANT: A VOIDED CHECK FROM YOUR BANK ACCOUNT
MUST ACCOMPANY THE COMPLETED FORM IN ORDER TO
ACTIVATE THE ELECTRONIC FUNDS TRANSFER**

AUTHORIZATION AGREEMENT FOR ELECTRONIC FUNDS TRANSFER PAYMENTS

I (we) hereby authorize Truckee Donner PUD to initiate debit entries to my (our) checking or savings account at the depository financial institution entered below. I (we) acknowledge that the origination of EFT transactions to my (our) account must comply with the provisions of United States law.

Depository (Bank) Information

Name _____ **Branch** _____

City _____ **State** _____ **Zip** _____

Routing Number _____ **Bank Account Number** _____

This authorization is to remain in full force and effect until Truckee Donner PUD has received mail, fax or e-mail notification from me (or either of us) of its termination in such time and in such manner as to afford Truckee Donner PUD and the financial institution entered above opportunity to act on it.

Name(s) _____
(Please Print)

Signature _____ **Signature** _____

Date _____