REQUEST FOR VACANT RESIDENTIAL SEWER RATE

City of Chula Vista | Finance Department
276 Fourth Avenue
Chula Vista, CA 91910
(619) 691-5117 / cvsewer@chulavistaca.gov

Sewer Account Number:_____ Sewer Account Holder Name:_____

Service Address: _____
Street City State Zip Code

Phone Number:_____ Email:_____

Please review, complete, and initial the following statements:

— I am the owner of the aforementioned property.

— This property was vacated, effective _____ *(vacancy start date)*

— I am providing proof of vacancy. For a list of acceptable documents, refer to the City's Vacant Single-Family Residence Sewer Rate Policy 900-04 that can be located on our website: *www.chulavistaca.gov/departments/finance/payments/sewer-billing*

— I understand that if approved, the reduced rate is authorized for one year only. If my property remains vacant, it is my responsibility to re-apply for a Vacant Residential Sewer Rate.

— I understand that any subsequent vacant rate requests will not apply retroactively, but will be effective as of the date of my request.

— I understand that if I fail to reapply prior to expiration, my account will default to the current fiscal year's standard single- family residential rate. I understand that it is my responsibility to notify the City when my residence is re-inhabited. If I fail to inform the City, I understand that I will be back billed for any term during which the residence was inhabited while the reduced rate was in effect and will be subject to delinquent payment penalties and charges. I further understand that the City reserves the right to periodically inspect my property to confirm the residence remains vacant while the reduced rate is in effect.

I declare, under penalty of perjury, that I am authorized to make this statement and that to the best of my knowledge and belief the statements herein, and any attachments hereto, are true and correct. If any of the facts and conditions stated herein change to the extent that there no longer exists a right to the reduced sewer rate, I acknowledge my responsibility to notify the City and the reduced rate shall no longer be in effect. I make the foregoing statements regarding my sewer service provided by the City of Chula Vista at the above service address and hereby request a reduced sewer rate due to the vacancy of my residential property.

_____ _____
Owner Name (*Please Print*) Owner Signature Date

– For Office Use Only –

(*Circle One*): Approved Denied

Start Date:_____ End Date: _____

Reason:_____

Reviewed by: _____ Review Date:_____

Approved by: _____ Approved Date: _____