



SEWER LATERAL EXTENSION DEPOSIT

Finance Department
Revenue Collection

ATTENTION: This is not an application for a time extension. To file an extension, fill out the application [\(Agreement For Time Extension To Obtain A Sewer Lateral Certificate\)](#), and attach this form and check.

If any forms associated with applying for the Agreement for Time Extensions are submitted without signatures and/or missing the required information your application will be sent back to the title company along with the deposit check unprocessed and not approved.

Purpose: If the **SELLER** does not obtain a Private Sewer Lateral (PSL) Certificate from the City of Berkeley prior to close of escrow, this form must be completed and mailed to the Public Works Engineering Department. Along with a \$4,500 check issued by the Title Company and the Agreement for Time Extension Form. All signatures on forms are required.

All Deposit and Refund Inquiries must be addressed with the Finance Department.

Failure to obtain a PSL Certificate within 6 months of the date of recordation may result in the forfeiture of all deposit funds held by the City of Berkeley and constitutes a public nuisance and violation of the BMC subject to enforcement under BMC Chapters [1.20](#), [1.24](#), [1.26](#), and/or [1.28](#).

Deposit instructions to the City of Berkeley:

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|---|--------|-------|-------|
| 1. Deposit of \$4,500 is being provided by the: | SELLER | BUYER | AGENT |
| 2. Escrow account to be set up in the name of: | SELLER | BUYER | AGENT |
| 3. Deposit will be refunded to: | SELLER | BUYER | AGENT |

Assessor's Parcel #:	_____ - _____ - _____ - _____		
Escrow #:	Property Address:		
Deposit Account Information: (Name as it should appear on Account and Refund Check)			
Account Name:			
Mailing Address:			
City:	State:	Zip:	
Phone Number:			

Signature (Seller)	Date
Signature (Buyer)	Date
Signature (Escrow Agent, if any)	Date
Escrow Agent Phone #	

Name of Title Company	Address
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Mail this form and a \$4,500 Sewer Lateral Extension Deposit made payable to City of Berkeley to:

**City of Berkeley, Finance Department
ATTN: Sewer Lateral Deposit
1947 Center Street, 1st Floor
Berkeley, CA 94704**

For office use only	
Account Number: _____	Deposit Refunded: _____