



CITY OF STOCKTON • UTILITY BILLING P O  
 BOX 1571 STOCKTON, CA 95201  
 P (209) 937-8295 • Fax (209) 937-8051  
 EMAIL • [utilities@stocktonca.gov](mailto:utilities@stocktonca.gov)  
 HOURS • 8:00 AM – 5:00 PM  
 MON – THU AND EVERY OTHER FRI

**UTILITY BILLING LANDLORD SERVICE AGREEMENT**

Property Address \_\_\_\_\_

This signed request from the property owner or authorized agent of the address above, establishes a service agreement, whereby the City of Stockton Utility Billing will automatically activate the services of water, sewer, storm drain, and garbage (if applicable) without an interruption in service; for the property owner when a tenant requests to have their services discontinued. This agreement is only for the address listed above.

As the owner or owner’s authorized agent, I understand and agree to the following conditions:

1. I agree to be responsible for payment of all utility service charges and related fees for services provided and billed under my name, until a new tenant or property owner establishes an account at this address, or until I contact the City of Stockton and request the account be closed in my name.
2. I understand I will not be notified prior to services being established in my name, based on a tenant closing request, even if I am not aware the tenant has stopped services.
3. I understand garbage service is a mandatory service (at applicable addresses); even when the property is vacant and it is my responsibility to contact the garbage service provider directly regarding the possibility of a vacancy credit. Garbage services will be established and billed at the rate for the carts already located at the property where services are being provided, and that I must contact the garbage service provider directly to have the cart size changed.
4. I understand the City of Stockton may cancel my service agreement(s) for all properties if any of the accounts become delinquent; and in addition, a deposit may be required for all future service requests.
5. In the event I sell this property, I agree to notify the City of Stockton and request to terminate my service agreement for this address.
6. If you are the owner’s authorized agent, you may be required to provide documentation demonstrating your authority to act on the owner’s behalf in this capacity (ie: Management Agreement).

Please return completed service agreement to the City of Stockton’s Utility Billing Unit via fax, email, or mail using the contact information provided at the top of the page.

Name of Property Owner: \_\_\_\_\_

Name of Agent (If applicable): \_\_\_\_\_

Owner Mailing Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Contact Number: \_\_\_\_\_

I have read and agree to the terms and conditions stated above.

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date