



Finance Department  
Revenue Collection Division

## SEWER LATERAL DEPOSIT FOR COMPLIANCE WITH BERKELEY MUNICIPAL CODE SECTION 17.24

**IMPORTANT NOTICE:**

**This form must be completed and forwarded to the City of Berkeley, Finance Department, with a check for \$4,500, whenever the SELLER does not obtain a Private Sewer Lateral Certificate, from the City of Berkeley, prior to the close of escrow.**

From the date of Recordation of the Transfer Document, the **BUYER shall have SIX MONTHS** to obtain a Private Sewer Lateral (PSL) Certificate and, if necessary, complete all Private Sewer Lateral Repairs and/or Replacement work as detailed in Berkeley Municipal Code (BMC) Section 17.24. Failure to obtain a PSL Certificate within six months of the date of recordation may result in the forfeiture of all deposit funds held by the City of Berkeley and may result in enforcement action under Section's 1.16; 1.20; 1.24; 1.26; and 1.28 of the City of Berkeley Municipal Code. Please see our web site at

<http://www.ci.berkeley.ca.us/PW/sewers/pvtlat.html> for more information on how to obtain a Private Sewer Lateral Certificate.

**DEPOSIT INSTRUCTIONS TO THE CITY OF BERKELEY:**

DEPOSIT OF \$4,500 IS BEING PROVIDED BY THE:	<input type="checkbox"/> SELLER	<input type="checkbox"/> BUYER	<input type="checkbox"/> AGENT
ESCROW ACCOUNT TO BE SET UP IN THE NAME OF:	<input type="checkbox"/> SELLER	<input type="checkbox"/> BUYER	<input type="checkbox"/> AGENT
DEPOSIT WILL BE REFUNDED TO:	<input type="checkbox"/> SELLER	<input type="checkbox"/> BUYER	<input type="checkbox"/> AGENT

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

_____ Signature (Seller)	_____ Date
_____ Signature (Buyer)	_____ Date
_____ Signature (Escrow Agent, if any)	_____ Date
_____ Escrow Agent Phone #	
_____ Name of Title Company	_____ Address

**Forward this Form and \$4,500 Sewer Lateral Deposit to:** (Make check payable to the City of Berkeley)

City of Berkeley  
Finance/Revenue Collection Division  
1947 Center Street, First Floor  
Berkeley, CA 94704  
ATTN: Sewer Lateral Deposit

<b>FOR OFFICE USE ONLY</b>	
Account Number: _____	
Escrow Deposit	<b>\$4,500.00</b>
Date Deposit Refunded: _____	