



Finance Department
Revenue Collection Division

SEWER LATERAL EXTENSION DEPOSIT FOR COMPLIANCE WITH BERKELEY MUNICIPAL CODE CHAPTER 17.24

IMPORTANT NOTICE: This form must be completed and forwarded to 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 6 MONTHS** to: (1) complete all necessary Private Sewer Lateral Repairs and/or Replacement work as detailed in Berkeley Municipal Code (BMC) Chapter 17.24; and (2) obtain a Private Sewer Lateral (PSL) Certificate. 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. Please see the City of Berkeley web site at <http://www.cityofberkeley.info/PSL> for more information on how to obtain a PSL 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 _____	
Deposit Account Information: (Name as it should appear on Account and Refund Check)		
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 Extension Deposit to: (check payable to City of Berkeley)
City of Berkeley
Finance/Revenue Collection
1947 Center Street, 1st floor
Berkeley, CA 94704
ATTN: Sewer Lateral Deposit

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