



Finance Department  
Revenue Collection Division

**ATTENTION!** THIS FORM IS NOT THE APPLICATION FOR TIME EXTENSION - PLEASE FILL OUT APPLICATION AND ATTACH THIS DEPOSIT FORM WITH THE \$4,500.00 BOND CHECK ISSUED ONLY FROM TITLE COMPANY. **BUYER, SELLER AND ESCROW AGENT MUST SIGN.**

### 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 _____	
<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 Extension Deposit to:** (check payable to City of Berkeley)  
**City of Berkeley**  
**Finance/Revenue Collection**  
**1947 Center Street, 1<sup>st</sup> 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: _____	