



FINANCE DEPARTMENT, 200 H ST, corner of 3RD & H St, ANTIOCH, CA 94509
Telephone: 925.779.7060

VERIFICATION OF PROPERTY OWNERSHIP AND LEASE

Service Address: _____

***** OWNER INFORMATION *****

First Name: _____ Last Name: _____

Mailing Address: _____

Telephone number: _____ Email: _____

Drivers License number or last four digits of Social Security number: _____

NOTE: *Proof of ownership may be required if owner's name is not verifiable on County records. In this case, original ownership paperwork is required; such as Recorded Grant Deed or HUD-1 final settlement statement.*

***** TENANT/AGENCY INFORMATION *****

Beginning date of Occupancy/Contract: _____

Tenant and Co-Tenant Name(s): _____

Property Management/Leasing Agency Name: _____

Tenant Signature: _____ Date: _____

Agency Signature: _____ Date: _____

Owner Signature: _____ Date: _____

I, the property owner, confirm the above information to be true and correct and authorize the above tenant's occupancy or the above agency to act on my behalf when establishing water service with the City. A true and correct copy of the lease agreement and/or property management or listing agreement is being provided. In the case of any discrepancies, water service connection may be delayed while information is verified.

***** NOTARY ACKNOWLEDGEMENT *****

If the property owner does not come to City Hall to verify ownership, the property owner's signature must be notarized.

State of: _____ County of: _____

On this, the _____ day of _____, 20____, before me a notary public, the undersigned Officer, personally appeared _____

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity/ies, and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

Witness my hand and official Seal.

Signature: _____

My commission expires: _____

Notary Name: _____

Notary Phone number: _____

Notary Registration number: _____

County of Principal Place of Business: _____

PLACE SEAL ABOVE: ↑