



Finance Department  
Revenue Collection

# SEWER LATERAL EXTENSION DEPOSIT

**ATTENTION:** This is not an application for a time extension. To file an extension, fill out the application (<https://berkeleyca.gov/sites/default/files/2022-02/PSL-Time-Extension-Agreement.pdf>) and attach this form and check.

**Purpose:** If the **SELLER** does not obtain a Private Sewer Lateral (PSL) Certificate from the City of Berkeley prior to close of escrow, this form must be completed and mailed to the Finance Department along with a \$4,500 check issued by the Title Company. All signatures are required.

From the date of Recordation of the Transfer Document, the **BUYER** shall have **6 MONTHS** to:

1. complete all necessary PSL Repairs and/or Replacement work as detailed in Berkeley Municipal Code (BMC) [Chapter 17.24](#); and
2. obtain a PSL Certificate (for more information, visit <https://berkeleyca.gov/psl>)

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](#).

Deposit instructions to the City of Berkeley:

- |   |                                 |                                |                                |
|---|---------------------------------|--------------------------------|--------------------------------|
| 1. Deposit of \$4,500 is being provided by the: | <input type="checkbox"/> SELLER | <input type="checkbox"/> BUYER | <input type="checkbox"/> AGENT |
| 2. Escrow account to be set up in the name of:  | <input type="checkbox"/> SELLER | <input type="checkbox"/> BUYER | <input type="checkbox"/> AGENT |
| 3. Deposit will be refunded to:                 | <input type="checkbox"/> SELLER | <input type="checkbox"/> BUYER | <input type="checkbox"/> AGENT |

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

Signature (Seller)	Date
Signature (Buyer)	Date
Signature (Escrow Agent, if any)	Date
Escrow Agent Phone #	

Name of Title Company	Address
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**Mail this form and a \$4,500 Sewer Lateral Extension Deposit made payable to City of Berkeley to:**

**City of Berkeley, Finance Department  
ATTN: Sewer Lateral Deposit  
1947 Center Street, 1<sup>st</sup> Floor  
Berkeley, CA 94704**

<b>For office use only</b>	
Account Number: _____	Deposit Refunded: _____