

UTILITY USERS TAX

Registration Form

City of San Jose – Finance Revenue Management 200 E. Santa Clara Street San Jose, CA 95113 Phone (408)535-7055 Fax (408)292-6488 www.csjfinance.org

| Please Check One: | Please Ind | Please Indicate Provided Service(s): | |
|--|------------|--------------------------------------|--|
| Initial Registration | Electrici | ity Gas | |
| Change of Ownership | Water | | |
| Update Information | Start Date | Start Date In San Jose | |
| Name of Company | | | |
| Business Address | Str | reet | |
| City Mailing Address (if different) | State | e Zip Code | |
| | Str | reet | |
| City | State | e Zip Code | |
| Owner Information | | | |
| Tax Manager / Preparer Information | Name | Phone | |
| | Name | Phone | |
| Additional Contact | Name | Phone | |
| I declare under penalty of perjury that all of the information provided in this registration form is true and correct. | | | |
| Date | Signature | Print Name & Title | |