



CITY OF NEWARK

Utility Users Tax (UUT) Account Update Form - Service Provider

This form is to be used to update your Utility User Tax account with the City of Newark. If there has been a change in ownership, business suspension, or closure, please contact us immediately at (510) 345-4272 or by email at NewarkUUT@HdLgov.com.

SERVICE PROVIDER NAME _____

UTILITY SERVICE TYPE(S) _____
 [Electricity; Gas; Wired Telecom; Wireless Telecom; Prepaid Wireless; Video/CATV; Sewer.]

CPUC/CPCN NO. _____ **FEIN** _____

BUSINESS LOCATION _____
 Street _____

 City _____ State _____ Zip _____ Country _____

BUSINESS NAME
 (Attach additional pages if multiple owners/officers) _____

MAILING ADDRESS _____
 Attention _____

 Street _____

 City _____ State _____ Zip _____ Country _____

BUS. PHONE () - _____ **EMAIL** _____
CELL () - _____ **FAX** () - _____

BILLING AGENT
 (If different from Business) _____

MAILING ADDRESS _____
 Attention _____

 Street _____

 City _____ State _____ Zip _____ Country _____

PHONE () - _____ **EMAIL** _____

CERTIFICATION: I certify and declare under penalty of perjury that the foregoing is true and correct to the best of my knowledge.

 Taxpayer or Agent

 Date

 Print Name

 Title