



CITY OF OAKLAND
 REVENUE DIVISION
 150 Frank H Ogawa Plaza, Suite 5342
 Oakland, California 94612
 Office Hours: Mon-Fri (8:30am – 4:00pm)

UTILITY USERS TAX REGISTRATION FORM

Start Date (date first began collecting Utility Users Tax in Oakland): _____

Does this company have any Nexus/Physical Presence within Oakland: YES or NO

****If yes, please be sure to contact the City of Oakland Business Tax Department immediately to ensure compliance with all Business License Regulations (510-238-3704).**

Type of Utility Service Provided: TELECOM ENERGY OTHER _____

Service Provider Name: _____

Business Address (physical location): _____

Type of Ownership: Sole Proprietor Partnership Corporation LLC Limited Partnership Other _____

Federal Tax ID# _____

Owner Name(s):	First Name	M. I.	Last Name	Title
(If Partnership, list all partners)	(1) _____			
If Corporation, list all principal officers.)	(2) _____			
	(3) _____			

Mailing Address: _____

Contact's Name: _____

Contact's Phone: _____

Contact's Email: _____

I declare under penalty that to my knowledge all information contained in this statement is true and correct.

Signed: _____ Title: _____ Date: _____