



# Water Service Request

## Applicant Information

<b>Name:</b>	<b>Home/Work Phone</b> (    ) (    ) (    )	<b>Cell Phone</b> (    ) (    ) (    )
<b>Service Address:</b>	<b>Suite/Apt #:</b>	
<b>Mailing Address:</b>	<b>Suite/Apt #:</b>	
<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>
<b>CA Driver License No:</b>	<b>FEIN or SSN:</b>	<b>Email:</b>

## Service Request (Choose One)

<input type="checkbox"/> <b>Discontinue Water Service</b>	<b>Shut-off Date:</b>	<b>Account No.</b>
Final Billing Forwarding Address:		
City:	State:	Zip:

<input type="checkbox"/> <b>Start New Water Service</b>	<b>Start Date:</b>	<b>Landlord/Owner Information (if different than above)</b>	
<b>Select One:</b> <input type="checkbox"/> Owner Occupied <input type="checkbox"/> Tenant Occupied <input type="checkbox"/> Agent for Premises	<b>Select One (Property Type):</b> <input type="checkbox"/> Single Family <input type="checkbox"/> Industrial <input type="checkbox"/> Multi Family <input type="checkbox"/> Government <input type="checkbox"/> Commercial <input type="checkbox"/> Fire <input type="checkbox"/> Other	Landlord/Owner Name:	
		Address:	
		City:	
		State:	Zip:
		Telephone: (    ) (    ) (    )	
<b>A \$36.00 deposit is required for residential property renters. A \$100.00 deposit is required for commercial property renters.</b> <b>Applicable deposits will be added to the 1<sup>st</sup> water bill.</b>			

### Who should we contact if there is a water emergency at your property (e.g., broken water line)?

Name	Relationship (self, family, friend, neighbor, etc.)	Phone Number
1. _____	_____	(    ) _____
2. _____	_____	(    ) _____

I hereby certify, under penalty of perjury, that I am authorized to complete this form and the above information is true and correct.

Applicant's Name (print)

Applicant's Signature

Date

Today's Date: \_\_\_\_\_  
 Current read: \_\_\_\_\_  
 Last read: \_\_\_\_\_  
 Meter No: \_\_\_\_\_  
 Turned On/Off By: \_\_\_\_\_

#### OFFICE USE ONLY

Date: \_\_\_\_\_  
 Deposit Amount \$ \_\_\_\_\_  
 Check No: \_\_\_\_\_  
 Receipt No: \_\_\_\_\_