



Water Service Request

Applicant Information

Name:		Home/Work Phone	Cell Phone
Service Address:		Suite/Apt :	
Mailing Address:		Suite/Apt :	
City:	State:	Zip Code:	
Email:			
CA Drivers License License Number:		FEIN or Last 4 of SSN:	

Service Request (Choose One)

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

<input type="checkbox"/> Start New Water Service	Start Date:	Landlord/Owner Information (if different than above)	
Select One:	Select One (Property Type):	Landlord/Owner Name:	
<input type="checkbox"/> Owner Occupied	<input type="checkbox"/> Single Family <input type="checkbox"/> Industrial	Address:	
<input type="checkbox"/> Tenant Occupied	<input type="checkbox"/> Multi Family <input type="checkbox"/> Government	City:	
<input type="checkbox"/> Agent for Premises	<input type="checkbox"/> Commercial <input type="checkbox"/> Fire	State:	Zip:
	<input type="checkbox"/> Other	Telephone:	
<p>A \$65.00 deposit is required for residential property renters. A \$250.00 deposit is required for commercial property renters.</p> <p>Applicable fees will be added to the 1st water bill.</p>			

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
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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: _____

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