

Request for water service

Service address _____
Date to begin service _____
Name of party responsible for water bill _____
Billing address _____

Phone #'s
Home _____
Work _____
Emergency contact _____

Type of use (please check one)

Single family residence _____

Multi family residence _____

Apartment _____

Condominium _____

Office _____

Manufacturing _____

Industrial _____

Retail _____

Institutional _____

Occupancy (please check one)

Owner occupied _____

Tenant occupied _____

Signature of responsible party _____

A \$36 deposit is required for renters of single family homes

A \$100 deposit is required for renters of commercial properties

Instructions:

Owners: print form, fill in blanks, sign and return via fax, mail or in person

Renters: print form, fill in blanks, sign, attach deposit check and return via mail or in person

City of El Segundo
Finance Division of Administrative Services Department
(water)
350 Main Street
El Segundo, Ca
90245
Phone 310-524-2742 Dianna Carson
Fax 310-322-4070 Attn. Dianna