

Water Service Request

Applicant Information										
Home/						ork Phone Cell Phone				
Service Address:							Suite/Apt :			
Mailing Address:						Suite/Apt :				
-					_	Zip Code:				
City				State	State: Zip Code:					
Email:										
CA Drivers License License Number:					FEIN or Last 4 of SSN:					
Service Request (Choose One)										
	Discontinue Water Service Shut-off Da			e:		Account No.				
	Final Billing Forwarding Ad									
	City:					State:		Zip:		
	Start New Water Service Start Date:					Landlord/Owner Information (if different than above)				
	Select One:	ty Type):		Landlord/Owner Name:						
	☐ Owner Occupied	☐ Sir	ngle Family	☐ Industrial	dustrial Address:					
	☐ Tenant Occupied	□М	ulti Family	☐ Governmen	t	City:				
	☐ Agent for Premises	☐ Co	mmercial	☐ Fire		State:		Zip:		
		□ Other				Telephone:				
	A \$78.00 deposit is required for residential property renters. A \$300.00 deposit is required for commercial property renters. Applicable fees will be added to the 1st water bill.									
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'				Date	e	
Today's Date:				OFFICE U	OFFICE USE ONLY		Date:			
Current read:							Deposit Amount \$			
Last read:							Check No:			
Meter No:							Receipt No:			
Turned On/Off By:										