



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)

☐ Discontinue Water Service	Shut-off Date:	Account No.
Final Billing Forwarding Address:		
City:	State:	Zip:

☐ Start New Water Service	Start Date:	Landlord/Owner Information (if different than above)	
Select One: ☐ Owner Occupied ☐ Tenant Occupied ☐ Agent for Premises	Select One (Property Type): ☐ Single Family ☐ Industrial ☐ Multi Family ☐ Government ☐ Commercial ☐ Fire ☐ Other	Landlord/Owner Name:	
		Address:	
		City:	
		State:	Zip:
		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'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: _____