		Lo	or District Use Only: ocation # ccount #	
1271 N. Hacier	ATION FOR W	ATER SERVICE bra Heights, CA 9 7-6769		
New Applicant Nan	ne Change	Other _		
First Name:	MI:	Last Name:		_
Company Name:				
Service Address:		Email:		
Check if you would like your monthly bill:	Mailed 🗌 E-ma	ailed 🔲 or both 🗌		
Home Phone:	Cell:			
Billing Address:				-
Street Address	Cit	-	State Zip	
Driver's License No.	Co-Applica	nt Name:		
Owner Tenant –Landlord's	s Name:	Sta	rt Service:	
The undersigned applicant hereby requests L system to the above-mentioned premises and regulations of the District. <b>A copy of the Rates, R</b>	d to deliver water th	ereto in accordance	with the rates, rules and	3
***** NOTE: Water delivered by the Dist information see This contract shall at all times be subject to c County Water District as said Board may from The undersigned hereby guarantees prompt accordance with the above application. A sc me.	pamphlets in rece hanges or modifica n time to time direct payment of all bills	ption area or websin tions by the Board of t in the exercise of its due or to become due	e***** Directors of La Habra Heights jurisdiction. ofor service furnished in	
Print Full Name	Custo	mer's Signature	Date	
(Please return sig	ned applicati	on by fax, em	ail or mail)	
For District Use Only: Entered in			sure Pump List	
Order Taken By: P:\Leslie\FORMS\Appl for Water Svc 7-1-24.doc:06.28.2	Date		Time:	