				Location #	ct Use Only: # #	
		ON FOR WA oad, La Hab ice (562) 69	ATER SERV pra Heights,	VICE CA 90631	т	
New Applicant	Name Ch	ange		Other		
First Name:	N	11:	Last Nam	le:		
Company Name:						
Service Address:			_Email:			
Check if you would like yo	ur monthly bill: Maile	ed 🔲 E-ma	iled 🔲 or I	ooth 🗌		
Home Phone:		_ Cell:				
Billing Address:						
	t Address	Cit	•	State	Zip	
Driver's License No		Co-Applica	nt Name:			
Owner Ten	ant –Landlord's Narr	me:		Start Service	Start Service:	
The undersigned applicant h system to the above-mentior regulations of the District.	ned premises and to de	eliver water the	ereto in accore	dance with the ra	ates, rules and	
***** NOTE: Water delive		your home	may contain f	luoride and ch	est. loramines, for more	
This contract shall at all time County Water District as said The undersigned hereby gua accordance with the above a me.	d Board may from time arantees prompt payme	s or modificat to time direct ent of all bills o	ions by the Bo in the exercis due or to beco	pard of Directors e of its jurisdictic me due for servi	n. ce furnished in	
Print Full Name		Customer's Signature		ure	Date	
(Please	e return signed	applicati	on bv fax	. email or n	nail)	
For District Use Only:				Pressure Pur		
Order Taken By: P:\Leslie\FORMS\Appl for Water Sv	rc 7-1-23.doc:12.12.23	Date		Time:		