

For District Use Only:  
Location # \_\_\_\_\_  
Account # \_\_\_\_\_

**LA HABRA HEIGHTS COUNTY WATER DISTRICT**  
**APPLICATION FOR WATER SERVICE**  
1271 N. Hacienda Road, La Habra Heights, CA 90631  
Office (562) 697-6769 Fax (562) 697-5568  
Email: [Customercare@lhhcward.com](mailto:Customercare@lhhcward.com)

New Applicant       Name Change       Other \_\_\_\_\_

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_

Company Name \_\_\_\_\_

Service Address \_\_\_\_\_ Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Address

City

Zip

Driver's License No. \_\_\_\_\_

Co-Applicant \_\_\_\_\_ Driver's License No. \_\_\_\_\_

Owner       Tenant –Landlord's Name \_\_\_\_\_ Start Service: \_\_\_\_\_

The undersigned applicant hereby requests La Habra Heights County Water District to connect the water distributing system to the above mentioned premises and to deliver water thereto in accordance with the rules and regulations of the District.

**A copy of the Rules and Regulations are available upon request.**

**\*\*\*\*\* NOTE: Water delivered by the District to your home may contain fluoride and chloramines, for more information see pamphlets in reception area or web site\*\*\*\*\***

This contract shall at all times be subject to changes or modifications by the Board of Directors of La Habra Heights County Water District as said Board may from time to time direct in the exercise of its jurisdiction.

The undersigned hereby guarantees prompt payment of all bills due or to become due for service furnished in accordance with the above application. A schedule of rates and fees schedule effective July 1, 2016 has been presented to me.

\_\_\_\_\_  
Print Full Name

\_\_\_\_\_  
Customer's Signature

\_\_\_\_\_  
Date

**(Please return signed application by fax, email or mail)**

**For District Use Only:**  Entered in UMS     Service order     Pressure Pump List

Order Taken By: \_\_\_\_\_ Date \_\_\_\_\_ Time: \_\_\_\_\_