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@lhhcwd.com

☐ New Applicant ☐ Name Change ☐ Other _____

First Name: _____MI:_____ Last Name: _____

Company Name: _____

Service Address: _____Email: _____

Check if you would like your monthly bill: Mailed ☐ E-mailed ☐ or both ☐

Home Phone: _____ Cell: _____

Billing Address: _____

Address City Zip

Driver's License No._____ Co-Applicant Name: _____

☐ 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, 2018 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: _____