

**LA HABRA HEIGHTS COUNTY WATER DISTRICT  
1271 N. HACIENDA ROAD  
LA HABRA HEIGHTS, CA 90631  
(562) 697-6769, FAX (562) 697-5568**

**Work Order # \_\_\_\_\_**

Name \_\_\_\_\_  
 Billing Address \_\_\_\_\_  
 City, State & Zip Code \_\_\_\_\_  
 Phone Number \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Fax # \_\_\_\_\_ Email: \_\_\_\_\_  
 Job Location \_\_\_\_\_  
 Job Description \_\_\_\_\_

**Estimated cost for new service installation:**

- 1" meter and service \$ 4,500.00
- 1 1/2" meter and service \$ 5,000.00
- 2" meter and service \$ 5,500.00
- Estimated cost to increase meter size: \$ \_\_\_\_\_
- Estimated cost for mainline extension: \$ \_\_\_\_\_
- Other \$ \_\_\_\_\_

**System Buy-In Fee:**

- 1" meter and service \$ 13,162.00
- 1 1/2" meter and service \$ 26,323.00
- 2" meter and service \$ 42,117.00
- \_\_\_\_\_

**Receipt # \_\_\_\_\_ Total Amount Paid \$ \_\_\_\_\_**

**CONSUMER'S AGREEMENT FOR INSTALLATION OF WATER SERVICE**

In consideration of installation of water service to be rendered to the above premises by LA HABRA HEIGHTS COUNTY WATER DISTRICT, the undersigned hereby:

**Agrees to pay the difference if the final costs exceed the estimated costs shown above within 30 days from the date a statement is therefore rendered by LA HABRA HEIGHTS COUNTY WATER DISTRICT (LHHCWD). If deposit exceeds actual costs the remaining amount will be refunded by check. Allow up to 6 weeks for work to be completed.**

APPLICANT: (Owner, Agent, Tenant)

LA HABRA HEIGHTS COUNTY WATER DISTRICT

\_\_\_\_\_  
 Signature Date Received by Date

**For District Use Only:**  New Service (Blue Stakes)  Folder Made  
 Endorse Check  UPPER/LOWER ZONE- (Circle One)  
 Stamp Receipt  Work Order Log Entry  
 Comments:  Copy of Check  PRESSURE PUMP LIST  
 JCMS Entry  
 Date Work Completed: \_\_\_\_\_