

**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 \$ 13,593.00
- 1 1/2" meter and service \$ 27,183.00
- 2" meter and service \$ 43,495.00
- _____

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:

<input type="checkbox"/>	New Service (Blue Stakes)	<input type="checkbox"/>	Folder Made
<input type="checkbox"/>	Endorse Check	<input type="checkbox"/>	UPPER/LOWER ZONE- (Circle One)
<input type="checkbox"/>	Stamp Receipt	<input type="checkbox"/>	Work Order Log Entry
<input type="checkbox"/>	Copy of Check	<input type="checkbox"/>	PRESSURE PUMP LIST
Comments: <input type="checkbox"/>	Asphalt work-ck w/Superintendent	<input type="checkbox"/>	Cyma -Job Costing Entry
_____		<input type="checkbox"/>	Backflow Device
_____			Date Work Completed: _____
