



OFFICE HOURS  
MONDAY - FRIDAY  
8:00 a.m. - 4:30 p.m.

**PICO WATER DISTRICT**  
**APPLICATION FOR WATER SERVICE**  
BUSINESS / MULTIPLE ACCOUNTS

P.O. BOX 758 • 4843 S. CHURCH ST.  
PICO RIVERA, CA 90660  
(562) 692-3756

The undersigned applicant hereby requests water service from the Pico Water District based on the following information.

Business Name: \_\_\_\_\_

Owner's Name: \_\_\_\_\_

Telephone Number (\_\_\_\_) \_\_\_\_\_

Address of Property to be Serviced:

\_\_\_\_\_

\_\_\_\_\_

**Billing Address if Different from Service Address:**

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

\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Property Owner / Leasing Agent Information:**

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone Number (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_

**Business Owner's Home:**

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

\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Telephone Number (\_\_\_\_) \_\_\_\_\_

Fed. I.D. No.: \_\_\_\_\_ or Social Security # \_\_\_\_\_

**Type of Water Use: Check One ✓**

Residential (Single Use)

Residential (Multiple User)

Apartments - Number of Units \_\_\_\_\_

Duplex - Number of Units \_\_\_\_\_

Triplex - Number of Units \_\_\_\_\_

Commercial - Number of Units \_\_\_\_\_ (Multiple User)

Industrial- Number of Units \_\_\_\_\_ (Multiple User)

Fire Protection

Construction - Specify \_\_\_\_\_

Other - Specify \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If applicant is a corporation, include state of incorporation and name and address of president. If applicant is a partnership, include name(s) and address(es) of the general partner(s). If applicant is a co-owner, include name(s) and address(es) of co-owner(s) (i.e. joint tenants, etc.).

Corporate Address \_\_\_\_\_

\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone Number (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_

Federal ID Number \_\_\_\_\_

**President's / Partner's Name:** \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone Number (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_

**Contact Person's Name:** \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone Number (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_

**Application for Service is: Check One ✓**

Transfer of Existing Service  Installation of New Service

Construction  Modification of Existing Service

**Relationship of Applicant to Property to be Serviced:**

LEGAL STATUS OF APPLICANT Check One ✓

Sole-Owner  Tenant  Corporation

Co-owner  Joint Tenant  Partnership

Other \_\_\_\_\_

**Type of Service Requested: Check One or More if Applicable ✓**

Regular  Hydrant Meter Service  Fire Protection

With Detect Meter

Without Detect Meter

Other (Specify, and if for temporary service, complete supplemental application)

**Size of Connection Requested / Now in Place: Check One ✓**

Regular Service

5/8 x 3/4 Inch Meter  1 Inch Meter  1 1/2 Inch Meter  2 Inch or Larger Meter

Fire Protection

4 Inch Meter  6 Inch Meter  8 Inch Meter  10 Inch Meter

The applicant also acknowledges that by acceptance for service the Pico Water District is neither guaranteeing nor agreeing that it will supply water at any specific pressure (P.S.I.C.) or quantities for domestic, fire protection, or any other purposes and no such obligation is hereby created by accepting this application for service.

\_\_\_\_\_  
Signature of Applicant, Authorized Officer, Partner, Co-owner, or Agent

\_\_\_\_\_  
Date