



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

PICO WATER DISTRICT
APPLICATION FOR WATER SERVICE
RESIDENTIAL 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.

Applicant's Name: _____

Address of Property to be Served:

Telephone Number: _____ Number of Adults: _____

Home: (____) _____ Number of Children: _____

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: _____

Billing Address if Different from Service Address:

Address: _____

City: _____ State: _____ Zip: _____

President's / Partner's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: (____) _____ Fax: (____) _____

Property Owner / Leasing Agent Information:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: (____) _____

Applicant's Information: Social Security#: _____

Employer: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: (____) _____ Fax: (____) _____

Relative's Information (Not residing at service address):

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: (____) _____

Spouse's Information: Social Security#: _____

Spouse's Name: _____

Employer: _____

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 Served:

LEGAL STATUS OF APPLICANT Check One ✓

- Sole-Owner Tenant Corporation
 Co-owner Joint Tenant Partnership

Other: _____

Type of Water Use: Check One ✓

- Residential (Single Use)
 Residential (Multiple User)
 Number of Units _____

Addresses: _____

Construction - Specify: _____

Other - Specify: _____

Type of Service Requested:

Check One or More if Applicable ✓

- Regular
 Other (Specify) _____

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

Upon acceptance of this application, the applicant agrees to conform to and be bound by the Rules and Regulations of the District and such changes in them as may be made in the future. 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