



OFFICE HOURS  
 Mon. – Thurs. 7:30 AM to 5:00 PM  
 Fri. 8:00 AM to 4:30 PM  
 Closed alternate Fridays

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

4843 Church Street  
 P.O. Box 758  
 Pico Rivera, CA 90660  
 Office (562) 692-3756 | Fax (562) 695-5627  
 Email: customerservice@picowaterdistrict.net

**APPLICATION FEE \$30.00**

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

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

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

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

**Property to be Serviced:**

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

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

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

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

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

**Property Owner Name:** \_\_\_\_\_

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

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

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

**Type of Water Use (Check One):**

- Hotel/Motel Number of Units \_\_\_\_
- Retail Use
- Food Service
- Medical/Dental
- Business Office
- Manufacturing
- Other (Specify) \_\_\_\_\_
- Industrial (Specify) \_\_\_\_\_
- Fire Protection
- Construction - Specify \_\_\_\_\_
- Other - Specify \_\_\_\_\_

**Business Owner Home Address:** \_\_\_\_\_

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

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Fed. ID No: \_\_\_\_\_ or Social Security # \_\_\_\_\_

**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: \_\_\_\_\_ Email: \_\_\_\_\_

Fed. ID No: \_\_\_\_\_

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

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

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

**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  Co-owner
- Tenant  Joint Tenant
- Corporation  Partnership
- Other

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 (PS.LC.) 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

**FOR OFFICE USE ONLY**

Based on the information provided by applicant the foregoing application is approved and accepted upon compliance with Special Conditions noted below, if any and upon the payment of the following amount(s)

Applicaton Fee \_\_\_\_\_ Prepayment/Special Charges Required \$ \_\_\_\_\_ Construction Prepayment Required \$ \_\_\_\_\_ Total Amount Required \$ \_\_\_\_\_

Special Condition(s) / Comment(s) \_\_\_\_\_

Applicant's California ID Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Applicant's Accepted/Issued By: \_\_\_\_\_ Date \_\_\_\_\_ Account # \_\_\_\_\_