



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
RESIDENTIAL 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.

Applicant's Name: _____

Service Address: _____

Telephone: _____ Email: _____

Billing Address if Different from Service Address:

Address: _____

City: _____ State: _____ Zip: _____

Property Owner/Leasing Agent Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

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

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Application for Service is (Check One):

- Transfer of Existing Service Installation of New Service
 Construction Modification of Existing Service

Type of Water Use (Check One):

- Residential (Single Use)
 Residential (Multiple User)
 Apartment(s) Number of Units ____
 Duplex Number of Units ____
 Triplex Number of Units ____
 Mobile Home Park Number of Units ____
 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: _____ Email: _____

Fed. ID No: _____ or Social Security # _____

Applicant's Information:

Employer: _____ Social Security: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Co-Applicant's Name _____

Employer: _____ Social Security: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Relationship of Applicant to Property to be Serviced:
 LEGAL STATUS OF APPLICANT Check One

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

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 an) 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

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)

Application 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 # _____