



OFFICE HOURS  
 Mon. – Thurs. 7:00 AM to 4:30 PM  
 Closed 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) Number of Units \_\_\_\_\_

Address \_\_\_\_\_  
 Construction - Specify \_\_\_\_\_  
 Other - Specify \_\_\_\_\_

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

**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 # \_\_\_\_\_

**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 # \_\_\_\_\_