

Descanso Community Water District

P.O. Box 610

Descanso, CA 91916

1-855-224-6981

APPLICATION FOR WATER SERVICE

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| <p><u>ADDRESS INFORMATION:</u> SERVICE ADDRESS: _____ NAME: _____ MAILING ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____ PHONE #: _____ CELL#: _____</p> |
| <p><u>EMPLOYMENT INFORMATION:</u> EMPLOYER: _____ ADDRESS: _____ PHONE #: _____</p> |
| <p><u>RENTAL INFORMATION:</u> LANDLORD: _____ PHONE: _____ ADDRESS: _____</p> |

I hereby apply for water service at the above address and agree to pay for water usage and service in accordance with the Descanso Community Water District Administrative Code of Rules and Regulations on file at the District Office. No refunds will be given for any reasons.

SIGNATURE _____ DATE _____

OFFICE USE ONLY

| | | |
|--|-------------|--|
| ACCT# _____ | OWNER _____ | CONNECTION FEE _____ |
| METER# _____ | TENAT _____ | DEPOSIT _____ |
| EFFECTIVE DATE OF SERVICE _____ | AGENT _____ | PRORATED MONTH _____ |
| | | TOTAL DUE _____ |
| SERVICE INFO: NEW ___ RECONNECT ___ TRANSFER ___ | | NEW INSTALL: METER SIZE: 5/8" ___ 1" ___ |