Account #		
	(OFFICE LIGE ONLY)	

(OFFICE USE ONLY)

SAN GABRIEL COUNTY WATER DISTRICT OWNER/MANAGER WARRANTY OF PAYMENT FOR WATER SERVICE

Star	t Date:		Service Address:		
App	licant(s)	Owner:	Property Manager:		
(a)		ess:		or ne:	
			Fax Phone: _		
	e-mail:		Drivers Licen	se #	
	Employer:		Date of Birth:	:	
(b)	Name:		Home Phone:		
	Home Address:		Work Phone:	Work Phone:	
			Fax Phone:		
	e-mail:		Drivers Licen	se#	
	Employer:		Date of Birth:	:	
The p	oroperty owner(s)	service address) or manager(s), by signin	ng this consumer's request for water service, agr rict and to pay any and all water charges which bec	ees to comply with all the rules and	
			n tenant or lessee of property owner(s) or manager(s I become delinquent at any of the above service or b		
and is	s subject to shutoff nection fees, in add	, water service will be red dition to establishing a s	s that if this account becomes delinquent by reason of estored after payment of all outstanding charges, security deposit with San Gabriel County Water ater bill for commercial or industrial customers.	including but not limited to, late fees,	
Prop	erty Owner/M	lanager Signature		Date	
San	Gabriel Count	y Water District Re	 epresentative	- Date	