Account #		
	(OFFICE USE ONLY)	

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

Start	Date: S	ervice Address:
Appl	icant(s) Owner:	Property Manager:
(a)	Name:	Home Phone or Cellular Phone:
	Home Address:	Work Phone:
		Fax Phone:
	e-mail:	Drivers License #
	Employer:	Date of Birth:
(b)	Name:	Home Phone:
	Home Address:	Work Phone:
		Fax Phone:
	e-mail:	Drivers License #
	Employer:	Date of Birth:
The pregular address warrantees.	roperty owner(s) or manager(s), by signing this tions of the San Gabriel County Water District and ass(es) noted above. If the water customer is a tenant nts payment of any amounts that tenant shall become ty owner(s) or manager(s) also understands that if	consumer's request for water service, agrees to comply with all the rules and to pay any and all water charges which become due at any of the billing or service or lessee of property owner(s) or manager(s), said property owner(s) or manager(s) the delinquent at any of the above service or billing address(es). This account becomes delinquent by reason of non-payment of any billings rendered after payment of all outstanding charges, including but not limited to, late fees,
reconr		deposit with San Gabriel County Water District in the amount of \$250.00 for
San	Gabriel County Water District Represo	entative Date