

Account # _____

(OFFICE USE ONLY)

SAN GABRIEL COUNTY WATER DISTRICT TENANT APPLICATION FOR WATER SERVICE

Start Date: _____

Service Address: _____

(a) Tenant Name: _____

Home Phone or
Cellular Phone: _____

Address: _____

Work Phone: _____

Fax Phone: _____

e-mail: _____

Drivers License # _____

Employer: _____

Date of Birth: _____

(b) Co-Tenant Name: _____

Home Phone or
Cellular Phone: _____

Address: _____

Work Phone: _____

Fax Phone: _____

e-mail: _____

Drivers License # _____

Employer: _____

Date of Birth: _____

Billing Address: _____

(if different from service address)

Property Owner or Property Manager Name: _____

The applicant(s), by signing this consumer's request for water service, agrees to comply with all the rules and regulations of the San Gabriel County Water District and to pay all water charges which become due. Water bills will be rendered bi-monthly, are due and payable upon presentation and become delinquent 45 days after the date of invoice. If bill remains outstanding after final notice, a door hanger will be placed on the service address at least 48 hours before water is terminated.

Applicant(s) also understands that if this account becomes delinquent by reason of non-payment of any billings rendered and is subject to shutoff, water service will be restored after payment of all outstanding charges, including but not limited to, late fees, reconnection fees, in addition to establishing a security deposit with San Gabriel County Water District in the amount of \$250.00 for residential customers and two times the average water bill for commercial or industrial customers.

Tenant (and Co-Tenant if applicable) Signature(s)

Date

San Gabriel County Water District Representative Signature

Date