



# Water Service Request

Applicant Information		
Name:	Cell:	Work:
Mailing Address:	Suite/Apt:	
City:	State:	Zip Code:
Email:		
CA Driver's License Number:	FEIN or Last 4 of SSN:	

Start Service			
Service Address:		Start Date:	
Circle one:	Owner	Tenant	Agent for Premises
Landlord/Owner Information (if different from above)		Property Type (circle one)	
Name:	Phone:	Single Family	Multifamily
Address:	Commercial	Other:	
<p>A \$67.00 deposit is required for residential property renters. A \$258.00 deposit is required for commercial property.  <b>Applicable fees will be added to the 1<sup>st</sup> water bill.</b></p>			

Discontinue Service		
Shut-off Date:	Account #:	
Final Billing Forwarding Address:		
City:	State:	Zip:

Emergency Contacts		
Name:	Relationship:	Phone number:

**To validate service dates, all on and off requests must be submitted in writing and must receive an acknowledgement of receipt.**  
 I hereby certify, under penalty of perjury, that I am authorized to complete this form and above information is true and correct.

Applicant's Name (print)

Applicant's Signature

Date

OFFICE USE ONLY
Date: _____
Current read: _____
Last Read: _____
Meter No: _____
Deposit: _____

OFFICE USE ONLY

OFFICE USE ONLY	
RES	MULTIE
COM	IND
INST	FIRE
IRR	RECL

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