

11142 GARVEY AVENUE
EL MONTE, CALIFORNIA 91733

Revised _____
Cancelling Revised _____

Cal. P.U.C. Sheet No. 3317-W

Cal. P.U.C. Sheet No. 1080-W&1081-W

FORM No. 1
APPLICATION FOR WATER SERVICE

See the following four pages

(D)

(N)

(N)

(To be inserted by utility)

Advice Letter No. 598

Decision No. _____

Issued by

J. M. Reiker

NAME

Vice President of Regulatory Affairs

TITLE

(To be inserted by Cal. P.U.C.)

Date Filed 02/26/2024

Effective 02/26/2024

Resolution No. _____



RESIDENTIAL SERVICE APPLICATION / DISCONNECT APPLICATION

New Customer Name _____ Date Service Requested _____
Service Address _____ Move in Date _____
Mailing Address _____
Email Address _____
Disconnect date _____ Prior Service Address _____
Primary Phone No. _____ Secondary Phone No. _____
California Driver License No. _____
OR other government Issued ID No. _____
Co-Applicant Name _____
Co-Applicant Phone No. _____
Co-Applicant E-Mail Address _____
Owner ☐ Renter ☐ Agent ☐ Contractor ☐
Property Manager Name _____ Agent Name _____

I hereby apply for water service at the above premises and I agree to use and pay therefore in accordance with the rates, rules and regulations from time to time legally in effect and on file with the Public Utilities Commission of the State of California. Furthermore, all plumbing and fixtures on said premises are in proper condition to receive water. I do hereby release, and agree to indemnify and hold harmless San Gabriel Valley Water Company from all claims, loss, expense or liability arising in any manner from turning on the water. **A deposit may be required for service.**

I HAVE READ AND I UNDERSTAND THE FOREGOING _____
PRINT NAME SIGNATURE OF APPLICANT

New Service request will be processed on the following business day

****ATTENTION****

The completed application MUST be SIGNED AND RETURNED WITH A COPY OF YOUR DRIVER LICENSE or other government issued ID

San Gabriel Valley Water Company

Mailing Address: P.O. Box 6010, El Monte, CA 91734 FAX: 626-448-2105

E-MAIL Address: customerservice_elmonte@sgvwater.com

City of Industry

Mailing Address: 14404 Valley Boulevard, City of Industry, CA 91746 FAX: 626-968-2568

E-MAIL Address: customerservice_industry@sgvwater.com

Whittier

Mailing Address: 11579 Hadley Street, Whittier, CA 90606 FAX: 562-699-0211

E-MAIL Address: customerservice_whittier@sgvwater.com

If you have any question concerning water service. Please call (626) 448-6183



BUSINESS SERVICE APPLICATION / DISCONNECT APPLICATION

New Customer Name _____ Date Service Requested _____
Service Address _____ Move in Date _____
Mailing Address _____ Disconnect Date _____
Prior Service Address _____
Primary Phone No. _____ Secondary Phone No. _____
California Driver License No. _____
Federal Tax ID _____
OR other government Issued ID _____
Authorized Officer Name _____ Title _____
Business Phone No. _____ Extension No. _____
E-Mail Address _____

Customer Classification: Commercial ☐ Industrial ☐ Public Authority ☐ Landscape ☐ Fire Service ☐

Owner ☐ Renter ☐ Agent ☐ Contractor ☐

Property Manager Name _____ Agent Name _____

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Service Address _____ Move in Date _____

Mailing Address _____

Email Address _____

Disconnect date _____ Prior Service Address _____

Primary Phone No. _____ Secondary Phone No. _____

California Driver License No. _____

OR other government Issued ID No. _____

Co-Applicant Name _____

Co-Applicant Phone No. _____

Co-Applicant E-Mail Address _____

Owner ☐ Renter ☐ Agent ☐ Contractor ☐

Property Manager Name _____ Agent Name _____

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Fontana Water Company

Mailing Address: P.O. Box 987, Fontana, CA 92334

E-MAIL Address: customerservice@fontanawater.com

If you have any question concerning water service. Please call (909) 822-2201



BUSINESS SERVICE APPLICATION / DISCONNECT APPLICATION

New Customer Name _____ Date Service Requested _____

Service Address _____ Move in Date _____

Mailing Address _____ Disconnect Date _____

Prior Service Address _____

Primary Phone No. _____ Secondary Phone No. _____

California Driver License No. _____

Federal Tax ID _____

OR other government Issued ID _____

Authorized Officer Name _____ Title _____

Business Phone No. _____ Extension No. _____

E-Mail Address _____

Customer Classification: Commercial ☐ Industrial ☐ Public Authority ☐ Landscape ☐ Fire Service ☐

Owner ☐ Renter ☐ Agent ☐ Contractor ☐

Property Manager Name _____ Agent Name _____

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PRINT NAME

SIGNATURE OF APPLICANT

TITLE

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