



6615 Passons Boulevard – Pico Rivera, CA 90660
 Phone: (562) 801-4316

TO: _____ DATE: _____

APPLICATION INSTRUCTIONS

INDIVIDUAL OWNERS, OR TENANTS: Please fill out fields 1 thru 14 below. Mail the completed application and a deposit of \$114.00 per account along with a non-refundable \$23.00 service application fee per account to the address below.

BUSINESSES OR REAL ESTATE AGENTS: Please fill out all numbered fields below, except 6-8. Mail the completed application and a deposit of \$342.00 for the first account (plus a deposit of \$114.00 for each additional account) along with a non-refundable \$23.00 service application fee per account to the address below.

Checks made payable to: **CITY OF PICO RIVERA**
6615 PASSONS BLVD
PICO RIVERA, CA 90660

WATER DIVISION DEPT ONLY				
Start Service On:	Service Address:	Account #:	Order #:	Order Date:
METER READING				
Number:	Location:	Type:	Clerk:	
		D		
Meter Reading:	Action Taken:		Date of Action:	Performed By:
	Turn On	Read Only	Other	
1 Billing Name:		2 Name of Other Party/Spouse:		
3 Daytime Phone No.:	4 Social Security # or Federal Tax ID #:		5 Check One:	
			Owner Tenant Agent	
6 Driver's License or ID #:	7 Name on Driver's License or ID:		8 Date of Birth:	
9 Mailing Address (if different from service address):				
10 Employer's Name & Phone Number:			11 Email:	
The water serving _____ (address) was turned off and locked by City forces on _____ (date) I assume responsibility for all costs related to this address that may have occurred from the date City forces turned off and locked the meter, including any illegal use of water by tampering with the system. I hereby certify under penalty of perjury, that the foregoing is true and correct and that I/we will comply with all provisions of the City of Pico Rivera Municipal Code, Chapter 13.04 to 13.24.				
12 Signed:		13 Date:	14 Start Service On:	