TO:	DATE:

## **APPLICATION INSTRUCTIONS**

**INDIVIDUAL OWNERS, OR TENANTS:** Please fill out fields 1 thru 14 below. Mail the completed application and a deposit of \$117.00 per account along with a non-refundable \$55.00 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 \$352.00 for the first account (plus a deposit of \$117.00 for each additional account) along with a non-refundable \$55.00 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 Add	ress:	Accoun	nt #:	Order #	#:	Order Date:		
METER READING									
Number:	Location:		Type:				Clerk:		
			D						
Meter Reading:		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 On		k One	<b>:</b>			
					Owner Tenant Agent				
6 Driver's License or ID #: 7 Name on Driver's License of		r ID:				<u> </u>			
9 Mailing Address (if different from service address):									
10 Employer's Name & Phone Number:				<i>11</i> E	11 Email: (E-billing): Yes No				
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 D	ale:		14 Sta	art service On:		