

## Request for water service

Service address \_\_\_\_\_  
Date to begin service \_\_\_\_\_  
Name of party responsible for water bill \_\_\_\_\_  
Billing address \_\_\_\_\_  
\_\_\_\_\_

Phone #'s  
Home \_\_\_\_\_  
Work \_\_\_\_\_  
Emergency contact \_\_\_\_\_

**Type of use** (please check one)

Single family residence \_\_\_\_\_  
Multi family residence \_\_\_\_\_  
Apartment \_\_\_\_\_  
Condominium \_\_\_\_\_  
Office \_\_\_\_\_  
Manufacturing \_\_\_\_\_  
Industrial \_\_\_\_\_  
Retail \_\_\_\_\_  
Institutional \_\_\_\_\_

**Occupancy** (please check one)

Owner occupied \_\_\_\_\_  
Tenant occupied \_\_\_\_\_

Signature of responsible party \_\_\_\_\_

A \$36 deposit is required for renters of single family homes  
A \$100 deposit is required for renters of commercial properties

**Instructions:**

**Owners:** print form, fill in blanks, sign and return via fax, mail or in person

**Renters:** print form, fill in blanks, sign, attach deposit check and return via mail or in person

City of El Segundo  
Finance Division of Administrative Services Department  
(water)  
350 Main Street  
El Segundo, Ca  
90245  
Phone 310-524-2742 Dianna Carson  
Fax 310-322-4070 Attn. Dianna