

LOS ANGELES COUNTY PUBLIC WORKS WATERWORKS DIVISION

INFORMATION SHEET AND APPLICATION FOR NEW METERED WATER SERVICE CONNECTION IN A LOS ANGELES COUNTY WATERWORKS DISTRICT

MAIN OFFICE

| P. O. Box 1460 | | | | | |
|-------------------------|--|--|--|--|--|
| Alhambra, CA 91802-1460 | | | | | |
| (626) 300-3335 | | | | | |
| 7:00 AM - 5:30 PM | | | | | |
| Monday - Thursday | | | | | |

LANCASTER OFFICE

260 E. Avenue K-8 Lancaster, CA 93534 (661) 940-9270 8:00 AM - 5:00 PM Monday - Friday

MALIBU CIVIC CENTER OFFICE

23533 W. Civic Center Way Malibu, CA 90265 (310) 456-6621 8:00 AM - 5:30 PM Monday - Thursday

<u>A. GENERAL INFORMATION:</u> Property Owner must complete this form and sign on back page at bottom. Type or print clearly in ink. If you need additional space, use plain paper and attach to this form.

| Name of Property Owner: Name of Person Who Will Receive Water Bill: Address of Property Owner: Address Water Bill Is To Be Sent To: City: State: Zip Code: Telephone No: () - Telephone No: () Address of Property To Be Served: Eggl Description of Property: (If you have information already on a typed page, attach to this form.) Land Use Assessor Map Book | il you nev | ca additional opaco, a | se plain paper and c | | | | | | | | |
|---|------------|---------------------------------------|----------------------|--------------------|---------------|--------------------|---------------|--------------|----------------|----------|---|
| City: State: Zip Code: City: State: Zip Code: City: State: Zip Code: Telephone No: () - Address of Property To Be Served: - Legal Description of Property. (If you have information already on a typed page, attach to this form.) | Name of I | Property Owner: | | | *Name of P | erson Who Will | Receive Wa | ter Bill: | | | |
| Telephone No: () Telephone No: () Address of Property: (If you have information already on a typed page, attach to this form.) Address of Property: (If you have information already on a typed page, attach to this form.) Assessor Map Book Page No. Parcel No. Tract No. Lot No. Parcel Map No. ** Parcel Map No. Parcel No. ** Parcel No. Parcel Map No. ** Parcel No. Parcel No. ** Parcel No. Parcel No. ** Parcel No. Parcel No. ** Telephone No: () NO Maximum domestic demand (include sprinkling and irrigation) GPM (gallons per minute). Total number of thattee to that of Form WW 174) Height of highest point of water use above meter elevation feet. Distance from meter to fathest fitture Distance from meter to fathest fitture feet. Size of service calon of meter services in space below (with respect to total ownership). Show the desired location of meter, the property lines, diverways and the proposed structures. Service Letter in service is service with District wate? Has this property ever been served with District wate? YES | Address o | of Property Owner: | | | Address Wa | ater Bill Is To B | e Sent To: | | | | _ |
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| ONLY | | | | | | | | | YES | | |
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| | | Date: | Date: | | Date: | | Dat | e: | Date: | | |

| C. CLASS OF SERVICE: | CHECK THE BOX TH | AT BEST DESCRIBES THE USE OF THIS PROPERTY | | | | | |
|---|-----------------------------|---|--|--|--|--|--|
| Residential, Single (1 Unit) Residential, Duplex (2 Units) * Residential, Multiple (3 Units or Mor Business (Commercial) * Industrial (Manufacturing) * Irrigation (Agricultural) | | For Resale to Temporary, for Construction of Use Outside of District Public Agency for Private Fire Protection (Backflow Detector Assembly) Combined Private Fire and Domestic Flow (FM-CT Meter) of Each Unit, Store or Building on Front Page | | | | | |
| | | R BOX FOR EACH QUESTION THAT PERTAINS TO YOUR PREMISES USE | | | | | |
| Are there any existing or proposed: 1 sewage pumps? 2 process pumps? 3 storm drain (or sump) pumps? 4 booster pumps? 5 wells? 6 well pumps? 7 tanks containing toxic substances? 8 mobile homes or trailers? | | Are there any existing or proposed: YES NO 9 tanks containing non-toxic substances? | | | | | |
| E. FIRE FLOW REQUIREMENTS: | | requirements (set by Fire Department) exist for this property or by law can the | | | | | |
| Fire Department set requirements? Y | | . If yes, answer following questions. | | | | | |
| | | F FIRE DEPARTMENT WHEN YOU RETURN INFORMATION SHEET | | | | | |
| Size of fire meter requested Public fire hydrant flow of | | Diameter of fire service connection requestedinches. | | | | | |
| | | Grant (5) located at. | | | | | |
| Private on-site hydrant flow of | GPM (at 20 psi) fro | om hydrant (s) located at: | | | | | |
| | | | | | | | |
| Private on-site fire protection sprinkler sy | vstem flow of | GPM atpsi for fire sprinklers located at: | | | | | |
| Please check either box, if applicable: (1) for private on-site fire hydrant or fire sprinkler system, a separate backflow detector assembly is needed or (2) a combined fire protection and domestic meter service is needed . | | | | | | | |
| F. Upon the return of this Information Sheet, completely filled out and signed by the property owner, the District will notify you of the charges and on any special conditions for water service on the Application Sheet. | | | | | | | |
| | GE | NERAL CONDITIONS | | | | | |
| The property owner hereby applies for water service as stated and hereby agrees to accept and pay for said service at the rates and the conditions of the Rules and Regulations of the Los Angeles County Waterworks Districts. The property owner remains, at all times, responsible for the water bill regardless of the owner designating that the water bills are to be addressed to a tenant or some other person. | | | | | | | |
| The property owner agrees to limit his development and use of water to only that portion for which Capital Improvement and Local System Improvement Charges have been paid; and he further agrees to pay the applicable charges at such time as he extends his water use area. | | | | | | | |
| All meters, pipes, valves, fittings and o District. | other facilities, installed | I pursuant to this application, shall be and remain the property of the Waterworks | | | | | |
| Service may be discontinued without or resumed until the full amount of all | | ich is delinquent in payment of water bill and meter service will not be maintained been paid. | | | | | |
| This application is for temporary servi satisfaction of all requirements of Dist | - | e can not exceed six months. Permanent service can only be obtained upon | | | | | |
| Signature of Property Owner | (Required) | Date | | | | | |
| OFFICE USE ONLY | | | | | | | |
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