

# CITY OF EL MONTE WATER DEPARTMENT



Account Number \_\_\_\_\_

Odd Location \_\_\_\_\_

Service Address \_\_\_\_\_

Zip Code \_\_\_\_\_

Customer Name \_\_\_\_\_

Owner/Contact \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

Home Telephone \_\_\_\_\_

Work Telephone \_\_\_\_\_

Fax or Pager \_\_\_\_\_

Social Security / Federal I.D.# \_\_\_\_\_

Drivers License Number \_\_\_\_\_

Fire Service # \_\_\_\_\_

On Date \_\_\_\_\_

Meter # \_\_\_\_\_

Size \_\_\_\_\_

Units \_\_\_\_\_

Turn On Read \_\_\_\_\_

Svc Charge \_\_\_\_\_

Charge Code \_\_\_\_\_

Type of Business \_\_\_\_\_

F M

R P C I G

Pro Rate Svc Chg \_\_\_\_\_

R = residential \* P = Multi Residential \* C = Commercial \* I = Industrial \* G = Irrigation

I ASSUME LIABILITY EFFECTIVE: \_\_\_\_\_ READ: \_\_\_\_\_ Initials: \_\_\_\_\_

**I hereby agree to all ordinances regulating the Water Department adopted by the City of El Monte. ALL INFORMATION PROVIDED IS TRUE AND CORRECT.** (Providing false information may result in the water being immediately discontinued.)

Signature: \_\_\_\_\_ date \_\_\_\_\_

BUSINESS

REALTOR/BANK

TENANT

OWNER

Forwarding Address \_\_\_\_\_

Acct X-Reference \_\_\_\_\_

Deposit Code D \_\_\_\_\_

Deposit Date \_\_\_\_\_

Receipt Number \_\_\_\_\_

D.P. DATE \_\_\_\_\_

Batch Number \_\_\_\_\_

Deposit Amount \_\_\_\_\_

D.P. OPERATOR \_\_\_\_\_

### CLOSING INFORMATION

Final Read \_\_\_\_\_ Date \_\_\_\_\_

Prior Read \_\_\_\_\_ Date \_\_\_\_\_

Consumption: \_\_\_\_\_ Svc Chg \$ \_\_\_\_\_

\_\_\_\_\_ x \_\_\_\_\_ = \$ \_\_\_\_\_

\_\_\_\_\_ x \_\_\_\_\_ = \$ \_\_\_\_\_

Current Charge \_\_\_\_\_

Prior Balance \_\_\_\_\_

Demand# \_\_\_\_\_

Sub-total \_\_\_\_\_

Applied Deposits \_\_\_\_\_

Total Due \_\_\_\_\_

Warrant# \_\_\_\_\_

Refund Amount \_\_\_\_\_