

CITY OF EL MONTE WATER DEPARTMENT



Account Number					
Service Address				Zip Code	
Name On Invoice				Applicant/Contact	
Mailing Address					
City		State		Zip Code	
E-Mail		Cell Telephone		Home Telephone	
Federal I.D.#		Drivers License Number		Fire Service Number	
On Date	Meter	Size	Units	Turn On Read	SVC Charge
Charge Code	Type of Business				
F M	R P C I G				
R = Residential * P = Multi Residential * C = Commercial* I = Industrial* G = Irrigation I ASSUME LIABILITY EFFECTIVE : _____ READ: _____ Initials: _____ I hereby agree to all ordinances regulating to water department adopted by the City of El Monte Municipal Code : (13.04.080). I ALL INFORMATION PROVIDED IS TRUE AND CORRECT.					
Signature: _____ date _____					
BUSINESS	REALTOR/BANK	TENANT	OWNER		

Deposit Date Receipt Number Deposit Amount

CLOSING INFORMATION

Forwarding Address :

Address

City State Zip Code

Acct X-Reference :

Warrant _____

Refund Amount _____