

**FONTANA WATER COMPANY – BUSINESS SERVICE APPLICATION / DISCONNECT APPLICATION**

New Customer Name \_\_\_\_\_ Date Service Requested \_\_\_\_\_

Service Address \_\_\_\_\_ Move in Date \_\_\_\_\_

Collection Address \_\_\_\_\_ Disconnect Date \_\_\_\_\_

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

Business Phone No. \_\_\_\_\_ Cell Phone No. \_\_\_\_\_

Federal ID No. \_\_\_\_\_

OR other government Issued ID \_\_\_\_\_

Authorized Officer Name \_\_\_\_\_ Title \_\_\_\_\_

Work Phone No. \_\_\_\_\_ Extension No. \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Customer Classification

Commercial  Industrial  Public Authority  Landscape  Fire Service

Owner  Renter  Agent  Contractor

Property Manager Name \_\_\_\_\_ Agent Name \_\_\_\_\_

I hereby apply for water service at the above premises and I agree to use and pay therefore in accordance with the rates, rules and regulations from time to time legally in effect and on file with the Public Utilities Commission of the State of California. Further more, all plumbing and fixtures on said premises are in proper condition to receive water. I do hereby release, and agree to indemnify and hold harmless San Gabriel Valley Water Company from all claims, loss, expense or liability arising in any manner from turning on the water. **A deposit maybe required for service.**

I HAVE READ AND I UNDERSTAND THE FOREGOING \_\_\_\_\_

PRINT NAME

SIGNATURE OF APPLICANT

\_\_\_\_\_  
Title

New Service request will be processed on the following business day

**\*\*ATTENTION\*\***

The completed application MUST be SIGNED AND RETURNED WITH A COPY OF YOUR DRIVER LICENSE and / or Business Card or other government issued ID

**Fontana Water Company**

Mailing Address: P.O. Box 987, Fontana, CA 92334 E-  
Mail Address: [customerservice@fontanawater.com](mailto:customerservice@fontanawater.com)

If you have any question concerning water service. Please call (909) 822-2201