

Start Service Form

REQUEST TO START NEW SERVICE

A \$35 non-refundable fee will be applied to your first bill. Additional Fees may be required.
Please allow 1 business day to take effect.

Type of Service: Residential Business

Occupancy: Tenant Owner

Applicant Information

(*) Required Fields

* First Name:	_____	* Last Name:	_____
* Business Name:	_____	* FederalID#:	_____
* Service Address:	_____	* City:	_____
* State:	_____	* Zip:	_____
* Phone:	_____	E-mail:	_____
* Drivers License:	_____	* SSN#:	_____
* Drivers Lic State:	_____	* DOB:	_____

Applicant Employment Information

* Employer:	_____	* Title:	_____
* Address:	_____	* City:	_____
* State:	_____	* Zip:	_____
* Business Phone:	_____	E-mail:	_____

Co-Applicant Information

First Name:	_____	Last Name:	_____
Drivers License:	_____	SSN#:	_____

Bill Mailing Information (if different from 'Applicant Information' above)

First Name:	_____	Last Name:	_____
Address:	_____	City:	_____
State:	_____	Zip:	_____

Comments

Return Completed Form To:
Rowland Water District
3021 S. Fullerton Road,
Rowland Heights, CA 91748
Phone (562) 697-1726