

CALIFORNIA-AMERICAN WATER COMPANY  
303 H STREET, SUITE 250  
CHULA VISTA, CALIFORNIA 91910

Original C.P.U.C. SHEET NO. 49-S  
C.P.U.C. SHEET NO.

Form No. 1

**Form for "APPLICATION FOR SEWER SERVICE"**

Task Order No.
Block Map
Main Size & Type
Permit No.
USA#



District: \_\_\_\_\_

Date: \_\_\_\_\_

T

I hereby request CALIFORNIA-AMERICAN WATER COMPANY to install :

To Serve: \_\_\_\_\_  
(Lot) (Block)

Located on: \_\_\_\_\_ side of \_\_\_\_\_  
(Street)

and

(TO BE INSERTED BY UTILITY)

VICE LETTER NO. 5821 dps

ISSUED BY

D. P. STEPHENSON

NAME

DECISION NO. 03-02-044

DIRECTOR - RATES & REVENUES

TITLE

(ISSUED BY C.P.U.C.)

DATE FILED MAY 13 2003

EFFECTIVE JUN 12 2003

RESOLUTION NO.



**California-American Water Company**  
APPLICATION FOR WATER SERVICE

District: \_\_\_\_\_  
Date: \_\_\_\_\_

\*To Be Completed By Applicant

Task Order No.
Block Map
Main Size & Type
Permit No.
USA#

Rev Code
Eng. Study Area
Acct. No.
Service No.
Calc. Code (Zone)

I hereby request CALIFORNIA-AMERICAN WATER COMPANY to install a service and meter to serve:

\*To Serve: \_\_\_\_\_  
(Lot) (Block) (Tract)

Located on: \_\_\_\_\_ side of \_\_\_\_\_ between \_\_\_\_\_  
and \_\_\_\_\_  
(Street) (Street)

**MINIMUM BILL APPLIES  
WHETHER OR NOT ANY  
WATER IS USED**

\*Service Address: \_\_\_\_\_ No. of units: \_\_\_\_\_  
(House #) (Street) (City or District)

\*Bill To (Name): \_\_\_\_\_ \*Applicant is: Owner Tenant Agent

\*Mailing Address: \_\_\_\_\_  
(House #) (Street) (City) (Zip Code)

Purpose: Residential \_\_\_\_\_ Apartment \_\_\_\_\_ Commercial/Type \_\_\_\_\_ Industrial \_\_\_\_\_ Irrigation \_\_\_\_\_ Fire Hydrant \_\_\_\_\_ Fire Sprinklers \_\_\_\_\_ Other \_\_\_\_\_

Backflow Prevention Device required? Yes \_\_\_\_\_ No \_\_\_\_\_ Reason: \_\_\_\_\_ Type of Device: \_\_\_\_\_

Installation Charge Required: Yes \_\_\_\_\_ No \_\_\_\_\_ M.I.# \_\_\_\_\_ Amount \$ \_\_\_\_\_ Reason: \_\_\_\_\_  
(Estimate Only)

\*Date Applicant will be ready for service: \_\_\_\_\_

\*I guarantee payment of bills: \_\_\_\_\_ Telephone No. ( ) \_\_\_\_\_ Fax No. ( ) \_\_\_\_\_  
(Applicant's signature)

\*Print Applicant's Name: \_\_\_\_\_ Completed By: \_\_\_\_\_  
(Company Personnel)

ORDER:

FOR OFFICE USE ONLY

LOCATION:

Install a new \_\_\_\_\_-inch service with a \_\_\_\_\_-inch meter on the \_\_\_\_\_ side  
of \_\_\_\_\_ between \_\_\_\_\_ and \_\_\_\_\_

Corp. stop is: \_\_\_\_\_ feet \_\_\_\_\_ of \_\_\_\_\_

Requisition No: \_\_\_\_\_

Meter No. \_\_\_\_\_ Size \_\_\_\_\_

Service is: New \_\_\_\_\_ Replace \_\_\_\_\_

Mfg./Model #: \_\_\_\_\_ Reading: \_\_\_\_\_

Installed by: \_\_\_\_\_ Date Set: \_\_\_\_\_

Supervisor/Foreman: \_\_\_\_\_

**SERVICE REPORT: Material Used**

QUANTITY	SIZE	TYPE	MATERIAL
			Pipe
			Corporation Stop x PJ
			Angle Stop x PJ
			Service Saddle/Tapping Sleeve
			Meter Box
			Meter Bushing (Adapter)
			Meter Flange
			Reducer
			Service Stop
			Meter Coupling
			Meter Spuds

**LABOR REPORT:**

NAME	HOURS

**Pavement Cut**

Type: \_\_\_\_\_

Size: \_\_\_\_\_

Patch Card No: \_\_\_\_\_

Posted by Comm. Dept. on: \_\_\_\_\_ by \_\_\_\_\_

Posted to Maps on: \_\_\_\_\_ by \_\_\_\_\_

Reading Sequence:

Book #: \_\_\_\_\_

Page #: \_\_\_\_\_

Read Order #: \_\_\_\_\_

City Code: \_\_\_\_\_

REMARKS: \_\_\_\_\_