



CITY OF COVINA WATER UTILITY

FINANCE DEPARTMENT

125 E. College Street, Covina, CA 91723

Phone: 626-384-5230 Email: water@covinaca.gov

Monday – Thursday 7:00am – 5:30pm

Application to Start Water Service

(Please provide proof of ownership, copy of I.D., and \$80 Deposit Required. Same Day/Afterhours Connect Fee additional \$120)

Today's Date: _____

Service Address: _____

Requested Date for Service: _____

City _____ State _____ Zip Code _____

Please mark one below

HomeOwner / Renter / Business / Management Co.

Billing Address: _____

City _____ State _____ Zip Code _____

Name of Applicant/Business (Responsible for bill): _____

SSN/TIN: _____ D/L#: _____ Telephone: _____

Current Employer: _____ Work Phone: _____

Work Address: _____ Email: _____

City: _____ State: _____ Zip Code: _____

Name of Co-Applicant: _____

SSN/TIN: _____ D/L#: _____ Telephone: _____

Current Employer: _____ Work Phone: _____

Work Address: _____ Email: _____

City: _____ State: _____ Zip Code: _____

Applicant Signature: _____ Date: _____

- Only authorized city personnel are permitted to turn on service at the meter. Violation may result in fees, fines or discontinuance of service.
- Tampering with meters is a criminal offense; violators will be responsible for all damage, including all parts and labor.
- By signing this application customer agrees to be responsible for all water charges and fees, and to comply with all pertinent city regulations.
- The City of Covina assumes no liability for property damage which may occur as a result of uncontrolled water flow beyond the meter due to open valves, plumbing leaks, fixtures or appliance.
- A Customer whose account has been terminated will be issued a final bill, which must be paid in full upon presentation. If a final bill becomes delinquent, the City may use any legal means available to collect the amount due. The customer will be responsible for paying all costs and expenses incurred by the City to collect the amount due.

Office Use Only: Account # _____

Processed by: _____ Date: _____

Approval of past due balance: _____