



**CITY OF COVINA WATER UTILITY
FINANCE DIVISION**

125 E. College Street, Covina, CA 91723: Phone: 626-384-5230 Email: water@covinaca.gov
Monday – Thursday 7:00am – 6:00pm

Owner Affidavit

PROPERTY OWNER INFORMATION

Last Name or Company Name:	First Name:
Driver's License:	SSN/TIN/EIN:
Mailing Address:	Email:
Phone #:	Alt Phone #:

CONTACT INFORMATION (if different from above)

Name:	Phone:	Email:
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SERVICE ADDRESS

Rental Address:	City, State, Zip Code:
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TENANT INFORMATION

Lease Start Date:	Lease End Date:
Tenant's Last Name:	Tenant's First Name:
Tenant's Last Name (Secondary):	Tenant's First Name (Secondary):

OWNER AGREEMENT (initial each section)

____ By signing this affidavit, I hereby affirm that I am the owner of the property at the service address shown above and do hereby grant permission to the Tenant identified to institute water service at the above service address. I declare under penalty of perjury under the laws of the State of California that the forgoing is true and correct.

____ I will submit my driver's license/ID and current property tax bill for service address along with this form.

Completed forms and documents can be emailed to WATER@COVINACA.GOV.

Owner's Signature:	Date:
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Office Use Only:

Account#:	Date rec'd: Processed by:
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