

EAST ORANGE COUNTY WATER DISTRICT

Street Address:

Primary Applicant Information

Name:

Mailing Address:

City:

State:

Zip:

Driver's License:

Social Security:

Home Phone:

Cell Phone:

Work Phone:

Current Employer:

Employer Address:

Primary Applicant's Last address:

1st Time Service with EOCWD?

If no, where?

Co-applicant Information

Name:

Driver's License:

Social Security:

Home Phone:

Cell Phone:

Work Phone:

Current Employer:

Employer Address:

Co-applicant's Last address:

1st Time Service with EOCWD?

If no, where?

Service Information

1. Requested Start Date for All Services:

- **Requests for service are processed on the next business day after your application has been received and approved.**
- **Services cannot be started on any closed Friday, weekend, or holiday. Requests for these dates will be processed on the following business day.**

Number of persons that will occupy property:

Number of persons requiring home hemodialysis treatment:

The following documentation is required and should be sent with this application before it can be processed:

- **Copy of valid, government issued identification**
- **New property owners must include a copy of the Recorded Grant Deed**
- **Tenants must include copy of a valid Lease or Rental Agreement signed by the property owner**

A deposit of 2 times the average water bill for the previous 24 months is required before service can be turned on.

For additional information on deposits, rates, billing schedules, due dates, and delinquency; please visit the Customer Care section on our website at www.eocwd.com

Signature of applicant: _____

Date: _____

Fill out application completely. Once completed, print and sign the application and return to the East Orange County Water District office with all the required documentation. Incomplete applications will delay the start date of your services as they will not be processed. You may return the requested information in one of the following ways:

1. Scan and email information to eoeh2o@eocwd.com
2. Fax information to (714)538-0334
3. Mail information to EOCWD 185 N. McPherson Road, Orange, CA 92869 (When requesting a service start date, please allow for adequate mailing time)

If you have any questions, please call Customer Service at (714)538-5815 during regular business hours.

Date Received _____ Effective Date _____ Deposit Amount _____