For Office Use Only:	ID Check	Ownership Check	Deposit Amount:	Prev. Resident
Acct. #				



Customer Name:	_
Service Address:	
Owner Tenant Agent Other:	Start Date:
For Owners: Would you like to authorize the creation of a landlor	d trust agreement?
Contact Information	
Mailing Address:	
City, State, Zip Code:	
Phone #1:	
Phone #2:	
Email Address:	
Security Information	
Social Security #:	Date of Birth:
Driver's License #:	State:
Alternate Contact Information	
I Authorize the following party to have	e access to my account:
Name:	
Name.	For Informational Purposes Only
Relation to Customer:	To Add/Change Information (check one)
I Agree to use water service and pay therefore in accordance w	ith the rates rules and regulations legally in effect by
the City of Glendora. I declare under penalty of perjury under the	laws of the State of California that the information that I
have provided is true and accurate. I acknowledge that the provision	n of false information is grounds for termination of service

116 E Foothill Blvd., Glendora CA 91741 · Telephone (626) 914-8239 · Facsimile (626) 852-9650