



Customer Service Department
437 N. Riverside Ave
Rialto, CA 92376
(909) 820-2546
(909) 784-0312 Fax

NEW SERVICE APPLICATION

Applicant/Property Information (Responsible Party):

Service Type: WATER and/or SEWER DEPOSIT AMOUNT: _____

Service Address: _____

Date Service to start: _____ Are you: Owner/Tenant/Agent (Circle One)

Your Name: _____ Driver's Lic. Or ID# _____

Spouse Name: _____ Driver's Lic. Or ID# _____

Last Four Digits of SSN #: _____ Last Four Digits of Spouse SSN # _____

Home Phone: _____ Alternate Phone #: _____

Mailing Address: _____

Business Name: _____ Tax ID #: _____

Contact name: _____ Telephone #: _____

Please include a copy of your driver's license (documents required) and return this form along with your deposit to:
Rialto Water Services / Attn: Customer Service Dept.
437 N Riverside Avenue Rialto, CA 92376

Customer Billing Information (Please Note):

- A. Utility Charges are the legal responsibility of the above party. A customer will remain responsible for any utility charges until a properly completed Application for Termination is accepted Rialto Water Services.
B. In addition to legal action against the responsible party, failure to pay such charges when due may result in disconnection of service and/or any past due balance being applied to annual property taxes.
C. Original bills for utility service will be mailed to the responsible party, at the address specified on this form.

Customer's Approval:

The undersigned certifies that the above billing contact information is correct, he/she has read and understands paragraphs A, B and C under the section captioned "Customer Billing Information" and he/she has received the new customer packet of information detailing our policy & procedures.

Print Name: _____

Signature: _____ Date: _____

(FOR OFFICE USE ONLY)

Account Number: _____
Employees Initials: _____

Service Type: WATER and/or SEWER
Date Received: _____