



3701 Marconi Avenue, Suite 100
 Sacramento, CA 95821-5346
 916.972.7171
 Fax 916.972.7639
 www.sswd.org

Business Hours 8:00 A.M. - 4:30 P.M. Monday-Friday

Application For Water Service

Service Address

1	Address
2	City/State/Zip

Legal Owner Information

3	First Name	Middle Initial	Last Name	Telephone Number
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If legal owner address is different than service address please complete 4 and 5:

4	Mailing Address
5	City/State/Zip

Payer Information (If paid by property management agency)

6	Full Name	Telephone Number
7	Mailing Address	
8	City/State/Zip	

Customer Agreement

All applications for water service must be signed by the legal owner of the property to be served. By signature of this application the legal owner agrees to comply with all Regulations Governing Water Service as adopted by the Board of Directors, including full payment of all rates and charges. To view these regulations go to sswd.org or to the Administration Office at the address noted at the top of this application.

9	Signature of Owner	Application Date	Escrow Date
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For Internal Use:		10/26/2009
Location #:	_____	
Received Date:	_____	