

LINCOLN AVENUE WATER COMPANY

564 W. Harriet St., Altadena, CA 91001 Phone (626)798-9101 Fax (626)798-9446

APPLICATION FOR WATER SERVICE

Date _____

Account No. _____

Application is hereby made for the use of water services on the property located at

_____,
Altadena, California. (Address of Property)

Owner's Name: _____

Owner's Address: _____

Telephone No. _____ Work Phone No. _____

Mobile No. _____ Email Address: _____

Person in possession of property, if other than owner (TENANT):

Occupation: _____

Telephone No. _____ Work Phone No. _____

Mobile No. _____ Email Address: _____

The undersigned certifies as follows:

That you are the owner of the above described real property and that you also own the necessary shares of stock in LINCOLN AVENUE WATER COMPANY to enable you to receive water at the above described property; that you have received a copy of the Rules and Regulations of LINCOLN AVENUE WATER COMPANY, and that you will remain in compliance with the Rules and Regulations set forth therein as well as those rules set forth in this application; that you hereby authorizes and direct LINCOLN AVENUE WATER COMPANY to supply water to the property for use by the occupant named above, and that you further authorizes and direct this Company to mail all water bills directly to the tenant listed above, if any, even though the owner is ultimately responsible to the Company for all water consumed.

() The undersigned further authorizes and waives any requirements for a tenant deposit to be made prior to the commencement of water services to the property described above. This waiver is only effective if the box at the beginning of this paragraph has been checked.

() Check here, if there are two or more dwellings on this property.



(Owner Signature)

Mail bills to:

Owner: _____

Owner % Tenant: _____

Tenant: _____

LINCOLN AVENUE WATER COMPANY
PRELIMINARY CROSS-CONNECTION ANALYSIS
APPLICATION FOR WATER SERVICE

In accordance with the State Water Resources Control Board Division of Drinking Water regulations, the Lincoln Avenue Water Company is required to evaluate each service connection from the public water system to determine if a cross-connection control device is required on such connection. A cross-connection is any unprotected actual or potential connection or structural arrangement between a public or a consumer's potable water system and any other source or system through which it is possible to introduce into any part of the potable water system any used water, industrial fluid, gas, or substance other than the intended potable water with which the system is supplied.

Please complete the following regarding service currently being applied for:

NAME _____

SERVICE ADDRESS _____

ACCOUNT NUMBER _____

Type of water use at this service location:

_____ Residential _____ Commercial _____ Industrial
_____ Irrigation _____ Other

Do you have any of the following that are or can be connected to the public water system?

_____ Additional water sources _____ Pressurized vessels
_____ Pressure pumps _____ Elevated tanks
_____ Cooling towers/boilers _____ Photo processing equipment
_____ Solar energy systems _____ Industrial fluid systems
_____ Fire fighting system _____ Swimming pool/spa
_____ Water/wastewater reclamation facilities

Does/will any condition exist in the on-premise plumbing system that constitutes a cross-connection as defined above?

_____ No
_____ Yes If yes, please describe condition fully:

It is hereby understood that in accordance with the State Department of Health Services regulations, the Lincoln Avenue Water Company may require that their employee/agent inspect the on-premise plumbing system to determine whether or not a cross-connection control device must be installed, and the type of device that must be installed. If such device is deemed necessary, it is understood that the water user is responsible for installation and maintenance of such device. Details of such requirement are available in the Company's adopted cross-connection control regulations adopted pursuant to the State Department of Health Services requirements, and on file at the Company office.



Applicant Signature

Date