



CITY OF HAYWARD

WATER AND SEWER SERVICE APPLICATION

DATE: _____

SERVICE ADDRESS	BUILDING PERMIT #
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1. G.P.M. DEMAND AND/OR FIXTURE UNIT COUNT IS REQUIRED TO DETERMINE METER SIZE.
2. AN APPROVED BACKFLOW PREVENTION DEVICE WILL BE REQUIRED IF DEEMED NECESSARY BY THE WATER DEPARTMENT IN ORDER TO PROTECT THE PUBLIC WATER SYSTEM AND TO COMPLY WITH CALIFORNIA STATE HEALTH CODES.
3. IT IS THE RESPONSIBILITY OF THE APPLICANT/OWNER TO PROVIDE INFORMATION NECESSARY TO LOCATE THE NEW SERVICE ON THE PROPERTY FRONTAGE. WATER METERS WILL NOT BE INSTALLED IN DRIVEWAY AREAS.
4. FEES AND TIME AND MATERIALS DEPOSITS ARE DUE AT THE TIME OF APPLICATION.
5. APPLICANT IS RESPONSIBLE FOR ALL CHARGES IN EXCESS OF TIME AND MATERIALS DEPOSIT.

APPLICANT	PHONE
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ADDRESS

CITY	STATE	ZIP
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MAIL WATER BILL TO	PHONE
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ADDRESS

CITY	STATE	ZIP
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WATER	TYPE	METER SIZE	SERVICE LINE	SERVICE NUMBER	SEWER
Building Supply F.U. COUNT/GPM _____					Flow (avg. gpd) _____
Irrigation Supply F.U. COUNT/GPM _____					BOD (avg. mg/L) _____
Fire Service Design Size _____					SS (avg. mg/L) _____

RESIDENTIAL (units) _____
 COMMERCIAL
 INDUSTRIAL
 OTHER _____

SPECIAL INSTRUCTIONS/INFORMATION: _____

PAYMENT MEMORANDUM			
Account	Chg Code	Description	Amount
605-43562	551003	Installation Fee	_____
605-43490	551002	Misc. Fee	_____
604-43563	551005	Facilities Fee	_____
610-43551	551006	Sewer Capacity Fee	_____
605-25211	551007	T&M Deposit	_____
		TOTAL	_____

Check #: _____ Date: _____
 Amount: _____ Rcvd by: _____

NEW WATER SERVICES WILL BE INSTALLED IN THE ORDER IN WHICH APPLICATIONS ARE RECEIVED.

_____ APPLICANT'S SIGNATURE