



CITY OF LOMITA

Please return completed application to:
 City of Lomita · Finance Department · 24300 Narbonne Avenue · Lomita, CA 90717
 Phone: (310) 325 – 7110 Fax: (310) 325-4024
 Office Hours: Monday – Thursday 7:30 a.m. to 5:30 p.m.
 Alternate Fridays: 8:00 a.m. to 5:00 p.m.

APPLICATION TO START WATER SERVICE

Every effort will be made to begin services on your requested start date; however, some orders may be held until the following business day. All requests received will be processed the next business day after your application has been received and approved, based on field staff availability. Service requests are not scheduled on weekends or holidays. ***Please Fill Out Application Completely and Type or Print Clearly***					
Today's Date:					
Date you want water service to start in your name:					
Address of Property to be Served:					
PROPERTY INFORMATION: Type of Service Requested					
Residential		Commercial		Industrial	
Fire Protection		Irrigation		Multi-Family Residential	
Meter Type:	Individual Meters			Master Metered	
Does Property Currently have City Water Service Turned On?	Yes		No		Don't Know
Is this property served by a well or other source of water?	Yes			No	
(If yes, is well to be abandoned?)	Yes			No	
PRIMARY APPLICANT INFORMATION:					
Name of Applicant:					
Mailing Address:					
City:			State:		Zip Code:
Home Phone:		Cell Phone:			Work Phone:
E-Mail:					
Social Security Number or Federal Tax ID Number:					
Driver's License Number:					
Date of Birth:					
If previous customer with City of Lomita, give last address:					
CO-APPLICANT INFORMATION (SPOUSE, IF MARRIED):					
Name of Co-Applicant:					
Mailing Address:					
City:			State:		Zip Code:
Home Phone:		Cell Phone:			Work Phone:
E-Mail:					
Social Security Number or Federal Tax ID Number:					
Driver's License Number:					
Date of Birth:					
If previous customer with City of Lomita, give last address:					



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APPLICATION TO START WATER SERVICE (CONTINUED)

PROPERTY OWNER INFORMATION			
Name of Property Owner:			
Address of Property Owner:			
Home Phone:		Cell Phone:	
APPLICANT'S EMPLOYER INFORMATION:			
Name of Employer:			
Address of Employer:			
How long employed:			
Phone Number of Employer:			
CO-APPLICANT'S EMPLOYER INFORMATION:			
Name of Employer:			
Address of Employer:			
How long employed:			
Phone Number of Employer:			
PROOF OF PROPERTY OWNERSHIP OR TENANCY:			
Please check the box below that applied to you and provide the requested information:			
The following documentation is required and should be sent with this application before it can be processed:			
<ul style="list-style-type: none"> • Property owners must include one of the following: Final Escrow Closing Statement, Deed, Property Tax Bill, or Mortgage Statement. • Tenants must include copy of a valid Lease or Rental Agreement signed by the property owner. 			
<input type="checkbox"/>	Owner Occupied	Date of Ownership	
<input type="checkbox"/>	Landlord or Property Manager	Management Date	
<input type="checkbox"/>	Realtor or Real Estate Agent	Name or Property Owner	
		Assignment Date	
<input type="checkbox"/>	Renter or Lessee* <small>*The City of Lomita requires copies of Rental or Lease agreements before processing any request for service. Please include copies of applicable documents with your application.</small>	Rental Agreement Start Date	
		Landlord Name	
		Landlord Phone Number	
For Real Estate Agent/Property Manager		Enter Fed Tax ID#	
EMERGENCY CONTACT INFORMATION:			
Contact Name:			
Contact Address:			
Home Phone:		Cell Phone:	Work Phone:
Initial Here	I understand it is my responsibility to notify the City when services at the above listed service address needs to be canceled. I will remain responsible for all water services and charges until I have filed a stop service form. If a stop service is not received by the city all charges will continue to accumulate on the account until such notice has been received and accepted by the City. Please acknowledge by initialing to the left.		



CITY OF LOMITA

APPLICATION TO START WATER SERVICE (CONTINUED)

A COMPLETED APPLICATION, PROOF OF OWNERSHIP OR RENTAL AGREEMENT, AND A SECURITY DEPOSIT ARE REQUIRED TO ESTABLISH WATER SERVICE. Once completed, print and sign the application and return to City of Lomita Finance Department with all the required documentation. You may return the requested information in one of the following ways: 1) Deliver in person to City Hall Finance Department 24300 Narbonne Avenue, Lomita, CA 90717, or 2) Mail information to City of Lomita, Finance Department, 24300 Narbonne Avenue, Lomita, CA 90717 (When requesting a service start date, please allow for adequate mailing time). Finance Department will not process any requests until receipt of all applicable documents and payments for security deposit or other fees are received. Service may be delayed or denied if application is incomplete. Fax and e-mail applications will not be accepted.

SIGNATURE AND ACKNOWLEDGEMENT:

I/We are requesting the City of Lomita to turn on water at the above service address and understand that if all water using appliances are not completely closed, or if there are any leaks, the premises may suffer water damage. I/We hereby accept full responsibility for such damage and agree to indemnify, defend and hold harmless the City, its officers and employees from and against any and all loss, liability, expense, cost claims, demands, suits and damages, including attorney's fees arising directly or indirectly related to the turning on of water service at the above service address, except for a liability arising from the sole negligence or willful misconduct of the City.

I/We, the undersigned, hereby apply for water service at the above service address. I/We agree to use the water service and pay all rates and charges for water service in accordance with Lomita Municipal Code, Title 12, and to comply with all water regulations of the City of Lomita. I/We understand that the City shall have the right to terminate water service if any of the foregoing information is determined to be false or untrue or if the required security deposit and/or monthly bills are unpaid. I/We represent and warrant that I am authorized to sign this application. I/We have read the foregoing and declare under the penalty of perjury under the laws of the State of California that the foregoing is true, correct, and complete to the best of my/our knowledge.

Primary Applicant Signature:	Date:
Co-Applicant Signature:	Date:

****OFFICIAL USE ONLY****

Notes: _____ _____ _____ _____ _____ _____	Received by:
	Date Application Received:
	Please complete by:
	Date Completed:
	Completed by:
	Security Deposit Required Amount:
	Total Amount Required to Start Service:
	WATER SERVICE STARTED YES NO
	Account Number Assigned: