



BEAUMONT-CHERRY VALLEY WATER DISTRICT

560 MAGNOLIA AVE-PO BOX 2037 BEAUMONT, CA 9222

PHONE (951)-845-9581-WWW.BCVWD.GOV

WATER METER APPLICATION-COMMERCIAL/RESIDENTIAL

COMPANY NAME/NAME:

MAILING ADDRESS:

City

State

Zip

CONTACT PHONE NUMBER:

E-MAIL ADDRESS:

SERVICE ADDRESS:

TRACT NUMBER:

LOT NUMBER:

METER SIZE:

DOMESTIC: Y/N

IRRIGATION: Y/N

SERVICES WILL BE LEFT ON AT THE TIME OF INSTALLATION AND WILL BE SUBJECT TO STANDARD BILLING PROCEDURES. MULTIPLE RESIDENTIAL/COMMERCIAL SERVICES MAY BE REQUIRED TO HAVE BACKFLOW PROTECTION. CONTACT THE DISTRICTS CROSS CONNECTION SPECIALIST FOR INFORMATION AT (951) 845-9581.

The undersigned hereby applies for the installation of water services as indicated above. It is understood that this application is made in accordance with the Beaumont-Cherry Valley Water Districts Regulations Governing Water Service. The consumer is liable for payment for all service subsequent to the installation and until such time as the consumer makes request to the District to discontinue the service.

Signature of Applicant

Date

OFFICE USE ONLY

AR#	AMOUNT	DATE	WORK ORDER #
FACILITY FEES	\$		INTERNAL LOT NUMBER
GIS DEPOSIT	\$		SERVICE CODE
FRONT FOOTAGE FEES	\$		ACCOUNT NUMBER
INSTALLATION DEPOSIT	\$		PROCESSED BY
METER COSTS	\$		DEVICE COMMITTED BY

OPERATIONS USE ONLY

INSTALL APPROVED BY	INSTALLATION DATE	METER MANUFACTURER
METER SIZE	METER SERIAL NUMBER	OPENING READ
POTABLE: YES/NO	BACKFLOW DEVICE SERIAL# (MAY BE REQUIRED)	NON-POTABLE
ROUTE/SEQ	WORK ORDER COMPLETED BY	INVENTORY COMPLETED BY