



# DEPARTMENT OF WATER (DWP)

41972 Garstin Dr., P.O. Box 1929, Big Bear Lake, CA 92315-1929  
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## WATER SERVICE APPLICATION

**MUST BE FILLED OUT AND SIGNED BY OWNER OF PROPERTY**

SERVICE ADDRESS: \_\_\_\_\_

OWNER NAME: \_\_\_\_\_

CO-OWNER/PARTNER NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ PHONE #:( ) \_\_\_\_\_

SOCIAL SECURITY #: \_\_\_\_\_ DRIVER'S LIC. #: \_\_\_\_\_

EMPLOYMENT: \_\_\_\_\_ WORK/CELL #:( ) \_\_\_\_\_

EMPLOYMENT ADDRESS: \_\_\_\_\_

ESCROW CO.: \_\_\_\_\_ ESCROW #: \_\_\_\_\_ CLOSING/EFF. DATE: \_\_\_\_\_

ESCROW PHONE # (if not local): ( ) \_\_\_\_\_ SELLER'S NAME: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_ PHONE #:( ) \_\_\_\_\_

I request that all correspondence and water bills be sent directly to me. I request to have my water service turned on at the above service address. I realize my service charge continues as long as I own this property. A \$10 transfer fee will be assessed on each new account.

**OWNER'S SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**FOR OFFICE USE ONLY**

ENTERED BY: \_\_\_\_\_ TRANSFER FEE: \_\_\_\_\_ CLOSING BILL AMT: \_\_\_\_\_ ADJUSTED AMOUNT: \_\_\_\_\_ ROUTE #: \_\_\_\_\_

RETROFIT CERTIFICATE: \_\_\_\_\_ CLOSING DATE: \_\_\_\_\_ WORK DATE: \_\_\_\_\_ ACCT #: \_\_\_\_\_ PACKET: \_\_\_\_\_