

SAN DIEGUITO WATER DISTRICT

505 South Vulcan Avenue
Encinitas, CA 92024
(760) 633-2650

METER SERVICE APPLICATION

Application Date: _____	Service No. : _____
Owner's Name: _____	Service Address: _____
Mailing Address: _____	Location Id. : _____
_____	Parcel No. : _____
Telephone No. : _____	Lot No. : _____

I understand that water service will be furnished and used in accordance with the rules, regulations, and ordinances of the San Dieguito Water District, and I further understand that the District does not in any manner guarantee continuous delivery of water on demand nor does it assume any responsibility for damages which may occur due to a interruption of water delivery. In addition, I understand that the District can not assume the responsibility for pressure regulation and recommends that the Property Owner conforms to the applicable plumbing code (City or County) to safeguard his water system whenever pressure regulation is necessary.

I further understand that I must comply with the regulations of the Department of Health, State of California, in the use of water and particularly with the "Cross Connection Regulations." Water meters and laterals to meters from the District's distribution lines are the property of the District.

Applicant's Signature Authorized Agent's Signature

Rate Classification (check one):

Single Family <input type="checkbox"/>	Multi Family <input type="checkbox"/>	Ag <input type="checkbox"/>	Dom/Ag-SF <input type="checkbox"/>	Dom/Ag-MF <input type="checkbox"/>	Commercial <input type="checkbox"/>
Landscape/Dom <input type="checkbox"/>	Landscape/Comm <input type="checkbox"/>	Landscape/Govt <input type="checkbox"/>	Fire <input type="checkbox"/>	Public <input type="checkbox"/>	Government <input type="checkbox"/>

No. of Units to be served _____

Meter size (check one):					Installed:		Backflow required:	
F3/4" <input type="checkbox"/>	1" <input type="checkbox"/>	1 1/2" <input type="checkbox"/>	2" <input type="checkbox"/>	3/4 x 1" <input type="checkbox"/>	Open <input type="checkbox"/>	Sealed <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

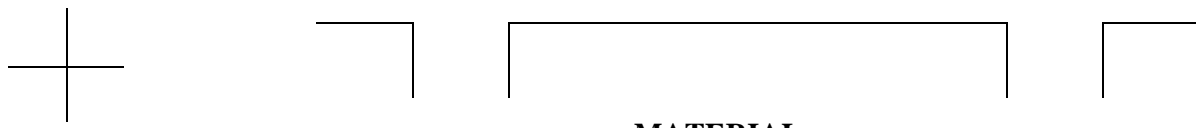
Fee Summary	SDWD Capacity Fee	SDCWA Capacity Fee	Installation Fee	Date Paid:
Cost				Receipt # :
Credit				Taken By:
Total	\$ 0.00	\$ 0.00	\$ 0.00	Total \$0.00

Fee/installation remarks:

Angle stop to main:

Service:	Type	_____ ft.	Size	_____	Depth	_____	Date Installed:	_____
Water main:	Type	_____	Size	_____	Depth	_____	Meter No. :	_____
Pressure:	_____							





MATERIAL

Item Bin Number	Quantity	Size	Material
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LABOR

Employee	Hours

EQUIPMENT

Description	Hours

Number of Dials: _____

Comments:

Installer's signature
