



**City of Monrovia
Finance Department**

415 S Ivy Avenue, Monrovia CA 91016

Phone (626) 932-5517 Fax (626) 932-5566

Email: watercustomersvs@ci.monrovia.ca.us

Business Hours: Monday – Thursday 7am – 6pm • Friday 7am – 5:30pm

Office use only:

Acct#: _____

Date: _____

SO#: _____

Initial: _____

Water Service Application

PLEASE PRINT CLEARLY

Service Start Date:		Service Address:	
Applicant Information <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Business			
First Name		Last Name	
Social Security #		Drivers License # or Tax ID	
Daytime Phone		Alternate Phone	
E-mail Address			
Co-Applicant Information			
First Name		Last Name	
Social Security #		Drivers License # or Tax ID	
Daytime Phone		Alternate Phone	
Billing Address - Where would you like the bill to be mailed?			
Address		City, State, Zip Code	
Emergency Contact – (someone other than yourself and/or co-applicant)			
Name		Phone Number	

By submitting this application, I am requesting the City of Monrovia to supply water service to the service address listed above. I understand that my information may be used by other City departments for official City business, only, and will not be shared or used for any other purpose. I will comply with City ordinances, rules, and regulations. I have the legal right to request service and I acknowledge that I have read and understand this application.

Applicant Signature Date

Co-Applicant Signature Date

NOTE: A \$25.00 NON-REFUNDABLE WATER SERVICE ACTIVATION FEE WILL BE ADDED TO YOUR FIRST WATER BILL.