



Torrance Municipal Water Department

New Water Service Application

Work Order No: _____

Date: _____

Name of Owner: _____
Address : _____
City : _____ State : _____ Zip : _____
E-mail Address : _____

Phone No : _____
Billing Address :

Name of Applicant: _____
Address : _____
City : _____ State : _____ Zip : _____

Phone No : _____
Billing Address :

Service Address : _____
City : Torrance State : CA Zip : _____
Meter Size : _____ in.

Billing Address :

Applicant Signature : _____

For Office Use Only

Meter Type: T-10 Turbine Compound

Charge : 3/4" 1" 1 1/2" > 2" - \$ _____
(Deposit Amount)

Fire Protection Estimated Charge: \$ _____

Remarks : _____

Received by : _____

Type of Service

Single Family Residence
Multi-Family : No. of units _____
Name of Complex : _____
Commercial
Agricultural
Industrial
Fire Protection
Pump Charge
Irrigation
Nursery
Recycled Water

Master meter: Yes / No