Invoice NUMBER:

SERVICE APPLICATION
CITY OF SOUTH PASADENA
WATER DIVISON

Name: _____

Mailing Address: _____

Phone:_____ Email:_____

Service Address: _____

Signature of Applicant:_____

☑ Temporary ❑ Permanent ❑ Upgrade

❑ Downgrade ❑ Red Tag ❑ Other:

Size of Service:_____ Hydrant/Meter #_____

For Office Use Only

Fee: $ $2,575.00 Meter Removal Date: _____

Remarks: _____

_____

Received By: _____ Date: _____

Deposit Acct. No. 500 - 2984