



Invoice NUMBER:

SERVICE APPLICATION
CITY OF SOUTH PASADENA
WATER DIVISION

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: \$ \$2,804.00 Meter Removal Date: _____

Remarks: _____

Received By: _____ Date: _____

Deposit Acct. No. 500 - 2984