Commercial/Industrial Service Application and Backflow Survey

CALIFORAVIP THER SERVICE

Please complete this form and return it to our Customer Center at 2632 West 237th Street, Torrance, CA 90505. If you have any questions, please call us at (310) 257-1400. Completed forms may be emailed to inford@calwater.com. Thank you.

| CUSTOMER INFORMATION | | | | | |
|---|------------------------|--|--|--|--|
| Customer name Dat | City | | | | |
| Service address City | | | | | |
| Contact name (if different from above) Tax | | | | | |
| Mailing address | | | | | |
| none Alternate phone | | | | | |
| E-mail address Start Date | | | | | |
| May we e-mail backflow-related notices? Yes No | | | | | |
| PROPERTY INFORMATION (please check one) | | | | | |
| What type of property is this? \Box Commercial \Box Industrial | | | | | |
| Is there an irrigation system (sprinklers) on the property? \Box Yes \Box No | | | | | |
| Is there a boiler on the property? | | | | | |
| Is there a cooling tower on the property? Yes No (cooling system used for industrial purposes to cool hot water; does NOT refer to air-cond | ditioning unit) | | | | |
| Are there four or more stories in the building? \Box Yes \Box No If yes, how m | iany? | | | | |
| Is there fire protection (sprinklers) and/or private hydrant(s) on the property? | 🗆 Yes 🛛 No | | | | |
| Is there existing backflow protection on the property? \Box Yes \Box No | | | | | |
| Is there a well, non-potable or recycled water, grey or rain water recovery on you | r property? 🛛 Yes 🖾 No | | | | |
| Do you store hazardous chemicals on-site? \Box Yes \Box No If yes, what? | | | | | |
| Is there equipment that requires the use of water? Yes No If yes, pl | ease explain | | | | |
| Are there multiple service lines supplying this property? | | | | | |
| Please describe the type of business activity conducted on this property: | | | | | |
| I confirm that the information provided above is true and correct, and that I have customer of record. | | | | | |

| Signature | Print name |
|-----------|------------|
| <u> </u> | |

| OFFICE USE ONLY | | | | | |
|-------------------------------|-------|------|----------------------------|--------------|-------------------|
| Account No | | | Meter No. | | Size |
| Number of service lines | | | Additional services lines: | □ Irrigation | □ Fire protection |
| Reviewed by (print) | | | Signature | | Date |
| Backflow protection required? | □ Yes | □ No | Туре | | |