



# CALIFORNIA WATER SERVICE COMPANY

## Commercial/Industrial Service Application and Backflow Survey

Please complete this form and return it to our Customer Center at 1505 East Sonora Street, Stockton, CA 95205, or fax to (209) 466-6155. If you have any questions, please call us at (209) 547-7900. Thank you.

### CUSTOMER INFORMATION:

Customer name \_\_\_\_\_ Date \_\_\_\_\_

Service address \_\_\_\_\_ City \_\_\_\_\_

Contact name (if different from above) \_\_\_\_\_

Mailing address \_\_\_\_\_

Phone \_\_\_\_\_ Alternate phone \_\_\_\_\_

E-mail address \_\_\_\_\_

May we e-mail backflow-related notices?  Yes  No

### PROPERTY INFORMATION: *(please check one)*

What type of property is this?  Commercial  Industrial

Is there an irrigation system (sprinklers) on the property?  Yes  No

Is there a boiler on the property?  Yes  No  
*(sealed vessel where water is converted to steam; does NOT refer to water heaters)*

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-conditioning unit)*

Are there four or more stories in the building?  Yes  No If yes, how many? \_\_\_\_\_

Is there fire protection (sprinklers) on the property?  Yes  No

Is there existing backflow protection on the property?  Yes  No

Is there a well, non-potable or recycled water, grey or rain water recovery on your property?  Yes  No

Do you store hazardous chemicals on-site?  Yes  No If yes, what? \_\_\_\_\_

Is there equipment that requires the use of water?  Yes  No If yes, please explain. \_\_\_\_\_

Are there multiple service lines supplying this property?  Yes  No

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 the authority to respond as the customer of record.

Signature \_\_\_\_\_ Print name \_\_\_\_\_

#### 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 Type \_\_\_\_\_