



# Commercial/Industrial Service Application and Backflow Survey

Please complete this form and return it to our Customer Center at 2000 South Tubeway, Commerce, CA 90040. If you have any questions, please call us at (323) 722-8601. Completed forms may be emailed to infoela@calwater.com. Thank you.

## CUSTOMER INFORMATION

Customer name \_\_\_\_\_ Date \_\_\_\_\_  
 Service address \_\_\_\_\_ City \_\_\_\_\_  
 Contact name (if different from above) \_\_\_\_\_ Tax ID \_\_\_\_\_  
 Mailing address \_\_\_\_\_  
 Phone \_\_\_\_\_ 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?  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) and/or private hydrant(s) 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 \_\_\_\_\_