



## Application for Water Service

City of Arts & Innovation

1) Project Address: \_\_\_\_\_

2) Please choose the meter size required for this project.

.75" (30 gpm)

1" (50 gpm)

1.5" (100 gpm)

2" (160 gpm)

3) Please provide the contact name and phone number for scheduling service installations.

Contact Name: \_\_\_\_\_

Phone #: \_\_\_\_\_

4) Please provide the billing information.

Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_

Alternate Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

5) Please return this application to: [WaterDevelopment@RiversideCA.gov](mailto:WaterDevelopment@RiversideCA.gov)