



# FAIR OAKS WATER DISTRICT

10326 Fair Oaks Boulevard, Fair Oaks, CA 95628, phone # (916) 967-5723

[www.fowd.com](http://www.fowd.com)

## APPLICATION FOR WATER SERVICE

Applicant Name: \_\_\_\_\_ Date \_\_\_\_\_

Applicant Address: \_\_\_\_\_

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

E-mail Address (if available) \_\_\_\_\_

Location of premises to be served: \_\_\_\_\_

Assessor Parcel Number (APN) \_\_\_\_\_

Type of service: Domestic \_\_\_\_\_ Irrigation \_\_\_\_\_ Fire service \_\_\_\_\_

Commercial \_\_\_\_\_

Size of service requested: \_\_\_\_\_ Number of services \_\_\_\_\_

Improvements/ site plan submitted \_\_\_\_\_ Yes \_\_\_\_\_ No

Applicant Signature \_\_\_\_\_

### For District Use Only

Application received: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_

Pressure zone: \_\_\_\_\_ Upper \_\_\_\_\_ Main \_\_\_\_\_ Lower

Elevation \_\_\_\_\_ Pressure range in the area: \_\_\_\_\_

Approved Backflow Device Required \_\_\_\_\_

Submit completed application to: [CUSTOMERSERVICE@FOWD.COM](mailto:CUSTOMERSERVICE@FOWD.COM)