



Department of Water Resources
Domestic Water Division
1000 Buena Vista Road
Bakersfield, California 93311
Phone (661) 326 - 3715

**Application for domestic water service
(Pursuant to Bakersfield Municipal Code 14.04.030)**

Date of Application: _____

Place of Application: _____

Applicant is **(circle one)**: *owner* *builder* *tenant* *agent*

Address to which correspondence and invoices
are to be mailed or delivered **(circle one)**: *Applicant* *Owner*

Applicant:

Name:	
Company:	
Street address:	
City, State, Zip Code:	
Phone #:	()
Federal Tax I.D. No.	
Corporation?	Yes____ No____ (Please Check One)
Type of corporation	

Owner: (if different than applicant)

Name:	
Company:	
Street address:	
City, State, Zip Code:	
Phone #:	()
Federal Tax I.D. No.	
Corporation?	Yes____ No____ (Please Check One)
Type of corporation	

Builder: (if different than applicant)

Name:	
Company:	
Street address:	
City, State, Zip Code:	
Phone #:	()
Federal Tax I.D. No.	
Corporation?	Yes____ No____ (Please Check One)
Type of corporation	

Location Of Premises To Be Served: _____

(Tract, Parcel Map No.): _____

Assessor's Parcel Map No. (APN #): _____

Conditional Use Permit No. (CUP #): _____

Zoning = _____

Total Gross Acreage (Do Not Use Net Acreage) _____ **gross acres**

Has applicant applied for water service for this location before?: Yes No **(circle one):**

If so, under what location (Name, Tract, Parcel Map No.): _____

Date applicant will be ready for service TEMPORARY _____

PERMANENT _____

Purpose for which service is to be used: _____

Size(s) of services desired:

Domestic _____

Fire _____

Landscape _____

Signature: _____ **Title:** _____

A digital electronic file of City approved water plans as per the Domestic Water Service Agreement will be required

Please return original completed application *(Do Not FAX) including:

- 1). A Clear And Legible 8-1/2" X 11" Map of Property
- 2). Legal Description of Property **(on separate sheet)**