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## APPLICATION FOR TRANSFER OF WATER SERVICE

### LOCATION

Lot Number \_\_\_\_\_ Tract \_\_\_\_\_ or APN# \_\_\_\_\_  
Service Address\* \_\_\_\_\_  
City \_\_\_\_\_

### NEW PROPERTY OWNER

Name\* \_\_\_\_\_  
Telephone #, Daytime\* \_\_\_\_\_  
Telephone #, Work \_\_\_\_\_  
Fax \_\_\_\_\_ E-Mail \_\_\_\_\_

### BILLING ADDRESS (If different from service address)

Street Address\* \_\_\_\_\_  
City, State, Zip Code\* \_\_\_\_\_

REQUESTED TRANSFER DATE\* \_\_\_\_\_

THE UNDERSIGNED PROPERTY OWNER HEREBY APPLIES FOR WATER SERVICE AT THE ABOVE SERVICE LOCATION AND AGREES TO COMPLY WITH THE REGULATIONS GOVERNING WATER SERVICE AT STATED LOCATION.

Property Owners Signature \_\_\_\_\_ Date \_\_\_\_\_

\* REQUIRED FIELDS

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### FOR OFFICE USE ONLY

Grant Deed Received  Notification By: Owner:  Previous  New  Other \_\_\_\_\_

Transfer Fee \$ 25.00 Billed to account:  Batch \_\_\_\_\_ Date \_\_\_\_\_

Paid at counter: Ck# \_\_\_\_\_ Cash  Date \_\_\_\_\_

Reconnection Fee \$ 60.00 Ck# \_\_\_\_\_ Cash  Date \_\_\_\_\_

Transfer Date \_\_\_\_\_

Meter Size \_\_\_\_\_ Meter Number \_\_\_\_\_

Meter Reading \_\_\_\_\_

Account Number \_\_\_\_\_ New Occupant # \_\_\_\_\_ Previous Occupant # \_\_\_\_\_

**Previous Owner** \_\_\_\_\_

**Forwarding Address** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_