



IRWD Meter Application

For the following meters: domestic, recycled, fire line and dual-plumbed, single-family custom lot, and sewer. Please contact Development Services for questions: engmeterapplications@IRWD.com or 949-453-5548.

New

Existing

COMPLETE SECTION A. B. & C.

| | | | |
|----------------|--|--|---|
| A. | IRWD Code # _____ | | |
| | <input type="checkbox"/> Domestic | <input type="checkbox"/> Domestic Irrigation | Total Area Served (ft ²) _____ |
| | <input type="checkbox"/> Recycled Dual Plumbed | <input type="checkbox"/> Recycled Irrigation | Total Area Served (ft ²) _____ |
| | | | <input type="checkbox"/> Fireline Total Number of Private Hydrants _____ |
| | | | <input type="checkbox"/> Other |
| | Meter Size: _____ | Service Line Size: _____ | Civil Station: _____ |
| | City Approved Meter Address: _____ Meter specifically serves: (enter custom text as needed) _____ Building Name/Address/Unit: (if applicable) _____ | | |
| Village: _____ | | Tract # (if applicable) _____ | Quantity of units served: _____ |

| | | | |
|-----------|---|---|-----------------------------------|
| B. | Site Contact: (required) _____ | | Lot Number: _____ |
| | Phone No.: _____ | | |
| | Email: _____ | | |
| | Company Name: _____ | Billing Contact: (monthly water bill) _____ | |
| | Billing Address: _____ | Phone No.: _____ | |
| | Billing Division: (customers w/ specific account setup) _____ | Email: _____ | Tax I.D. Number: (required) _____ |

| | | | |
|-----------|---|------------------|-------------|
| C. | THE UNDERSIGN APPLICANT HEREBY REQUESTS WATER, SEWER, AND/OR RECYCLED WATER SERVICE AND AGREES TO PAY ALL BILLS RENDERED AT CURRENT RATES AND ABIDE BY ALL THE RULES AND REGULATIONS OF THE DISTRICT. THIS APPLICATION SHALL AT ALL TIMES BE SUBJECT TO SUCH CHANGES OR MODIFICATIONS BY THE BOARD OF DIRECTORS OF THE IRVINE RANCH WATER DISTRICT, AS SAID BOARD MAY, FROM TIME TO TIME, DIRECT IN THE EXERCISE OF ITS JURISDICTION. | | |
| | Name: _____ | Signature: _____ | Date: _____ |
| | Phone Number: _____ | Email: _____ | |

| INTERNAL USE ONLY – TO BE COMPLETED BY IRWD TEAM MEMBERS | | | |
|---|---------------------|----------------------------|--------------|
| I.D. _____ | W.O. _____ | On-site Plan Check # _____ | DS PZ: _____ |
| Off-site Insp: _____ | On-site Insp: _____ | Billable PZ: _____ | |