

CITY OF INGLEWOOD – PUBLIC WORKS DEPARTMENT
WATER DIVISION
 ONE MANCHESTER BLVD., INGLEWOOD, CALIFORNIA 90301
 PHONE: (310) 412-5333 FAX: (310) 412-5552
APPLICATION AND RECEIPT FOR NEW SERVICE

No WM 340

DATE ORDERED _____

SIZE _____ To Serve _____ Res _____ No. Units _____ Comm _____ Ind _____ Mun _____
 (ADDRESS)

Nearest Cross Street _____ Meter to be on _____ Install OFF _____ ON _____

I hereby agree to pay for all water supplied to said premises in accordance with rules and regulations applying to water services in Inglewood.

SERVICE FEE _____ NAME _____

RECEIVED BY _____ SIGNED _____

(Owner-Agent-Builder)

SPECIAL INSTRUCTIONS _____ ADDRESS _____

_____ CITY _____ ZIP _____ PH _____

NAMES OF MEN ON JOB	HOURS		RATE	AMOUNT	EQUIPMENT TYPE	HOURS		RATE	AMOUNT
	REG	O.T.				WRKD	STBY		
1.					No.				
2.					No.				
3.					No.				
4.					No.				
5.					No.				
Total Labor					Total Equipment				

SIZE	MATERIAL USED	QUAN.	PRICE	AMOUNT	SIZE	MATERIAL USED	QUAN.	PRICE	AMOUNT
	Pipe					Stop, Service			
	Couplings					Meter Box & Lid			
	Couplings, Meter					Meter			
	Couplings, Meter, Flex								
	Elbows								
	Elbows								
	Clamp, Svc								
	Stop, Corp.								

Paving _____ Job: Complete _____ Incomplete _____

Total Material

SERVICE: Pipe size & mt'l _____ Location _____ ft. _____ of the _____
 _____ (prop-curb) line of _____ ST. PL. AV. BL. CT. WY.

MAIN: Size & mat'l _____ Location _____ ft. _____ of the _____
 (Prop-curb) line of _____ Depth _____ in.

Condition _____ Soil type _____

METER: Make _____ Size _____ No. _____ Foreman _____

Reads _____ Date installed _____ Approved by _____

SUPERVISOR

CLEARING CHARGES

Tool Expense _____ % of labor _____

Stores Expense _____ % of mat'l _____

Overhead _____ % of labor _____

Paving Expense _____

Total Clearing _____

TOTAL _____