



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: _____	