



**CITY OF SAN JOSE MUNICIPAL WATER SYSTEM**  
 3025 TUERS ROAD • SAN JOSE, CA 95121 • (408) 277-3671

**WATER SERVICE APPLICATION**

DATE			SAME AS APPLICANT INFO? <input type="checkbox"/> YES <input type="checkbox"/> NO		
APPLICANT NAME			BILLING NAME		
ADDRESS		HOME PHONE	BILLING ADDRESS		HOME PHONE
CITY	ZIP CODE	WORK PHONE	CITY	ZIP CODE	WORK PHONE
E-MAIL ADDRESS OF APPLICANT			E-MAIL ADDRESS OF BILLING		

SERVICE ADDRESS		ASSESSOR'S PARCEL NO.
USE OF LOT <input type="checkbox"/> SINGLE-FAMILY RESIDENTIAL <input type="checkbox"/> MULTI-FAMILY* <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> INDUSTRIAL <input type="checkbox"/> GOVERNMENT <i>*UNDER 'COMMENTS' SECTION, LIST NO. OF BUILDINGS AND NO. OF UNITS IN EACH BUILDING</i>		
IF NON-RESIDENTIAL, DESCRIBE BUSINESS TYPE OR USAGE OF LOT		
NO. OF STORIES IN BUILDING	BUILDING SIZE IN SQUARE FEET	TOTAL PARCEL AREA IN SQUARE FEET
FIRE DEPARTMENT REQUIREMENTS <input type="checkbox"/> NONE <input type="checkbox"/> SPRINKLE ALL <input type="checkbox"/> SPRINKLE GARAGE ONLY		
FIRE HYDRANTS REQUIRED <input type="checkbox"/> NONE <input type="checkbox"/> PUBLIC (NO. OF HYDRANTS _____) <input type="checkbox"/> PRIVATE (NO. OF HYDRANTS _____)		
IS THERE A WELL ON THE PROPERTY?		USING RECYCLED WATER?
<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO
WILL A PUMP BE USED TO BOOST PRESSURE? <input type="checkbox"/> YES – FIRE SERVICE <input type="checkbox"/> YES – DOMESTIC SERVICE <input type="checkbox"/> NO		
WILL THERE BE LANDSCAPE IRRIGATION? <input type="checkbox"/> YES <input type="checkbox"/> NO		
IF YES, NUMBER OF SPRINKLER HEADS	FLOW OF EACH SPRINKLER HEAD IN GPM	TOTAL IRRIGATED AREA IN SQUARE FEET

**SERVICES – LIST ALL REQUIRED PER PARCEL**

POTABLE OR RECYCLED	SERVICE USE (RESIDENTIAL, FIRE, IRRIGATION, ETC.)	LATERAL SIZE	METER SIZE	MAX DEMAND IN GPM	ANTICIPATED DATE OF METER INSTALLATION

**FIXTURE UNIT COUNT – COMPLETE THE QUANTITY OF THE FOLLOWING**

BATHROOM		KITCHEN		LAUNDRY ROOM		OTHER	
TUB/SHOWER	JACUZZI TUBS	DISHWASHERS	CLOTHES WASHER	HOSEBIBS			
TUB ONLY	TOILETS	SINKS	SINKS	BAR SINKS			
SHOWER ONLY	URINALS			POOL (SIZE: _____)			
SINKS	BIDETS			DESCRIBE:			

COMMENTS (IF APPLICABLE, LIST NO. OF BUILDINGS AND NO. OF UNITS IN EACH BUILDING)

APPLICANT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_