

Lost Hills Utility District

Application for Water Meter &/or Sewer Services

Email: admin@lhud.org

P.O. Box 246, Lost Hills, CA 93249

Telephone no: 661-797-2903

Property Owner's Name: _____

Mailing Address: _____

Telephone Number: _____

E-mail Address: _____

Parcel Number of Property: _____

Parcel Address and Location: _____

Subdivision / Annexation Number (if applicable): _____

Single Family Yes _____ No _____

----- Complete Below if Other than Single Family -----

Multiple Family _____ Average Daily Usage _____ Gallons

Type of Units _____ Maximum Daily Usage _____ Gallons

Number of Units _____

Commercial _____ Industrial _____ Institutional _____

Describe Business, Industry, Institution (No of Units, Square Footage, Total Fixtures Units, etc.)

Other _____

----- Do Not Write Below This Line -----

Recommendation: _____ Meter Size: _____

----- District Only Below This Line -----

Size of Meter Installed _____ Brand: _____

Serial No. _____ Date Installed: _____

Account Number: _____ Route: _____