



## 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](mailto:engmeterapplications@IRWD.com) or 949-453-5548.

New

Existing

### COMPLETE SECTION A. B. & C.

|           |                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                              |                                            |
|-----------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|--------------------------------------------|
| <b>A.</b> | IRWD Code # _____                                                                                                                                                                                                                                                                                                                                                                                                                     |                                              |                                            |
|           | <input type="checkbox"/> Domestic                                                                                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/> Domestic Irrigation | Total Area Served (ft <sup>2</sup> ) _____ |
|           | <input type="checkbox"/> Recycled Dual Plumbed                                                                                                                                                                                                                                                                                                                                                                                        | <input type="checkbox"/> Recycled Irrigation | Total Area Served (ft <sup>2</sup> ) _____ |
|           | Meter Size: _____                                                                                                                                                                                                                                                                                                                                                                                                                     |                                              | Service Line Size: _____                   |
|           | City Approved                                                                                                                                                                                                                                                                                                                                                                                                                         |                                              | Civil Station: _____                       |
|           | Meter Address: _____                                                                                                                                                                                                                                                                                                                                                                                                                  |                                              |                                            |
|           | Meter specifically serves:<br>(enter custom text as needed)                                                                                                                                                                                                                                                                                                                                                                           |                                              |                                            |
|           | Service Address/Building Unit:<br>(if applicable)                                                                                                                                                                                                                                                                                                                                                                                     |                                              |                                            |
|           | Village: _____                                                                                                                                                                                                                                                                                                                                                                                                                        |                                              | Tract #<br>(if applicable) _____           |
|           |                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                              | Quantity of units served: _____            |
| <b>B.</b> | Site Contact:<br>(required)                                                                                                                                                                                                                                                                                                                                                                                                           |                                              | Lot Number: _____                          |
|           | Phone No.: _____                                                                                                                                                                                                                                                                                                                                                                                                                      |                                              |                                            |
|           | Email: _____                                                                                                                                                                                                                                                                                                                                                                                                                          |                                              |                                            |
|           | Company Name: _____                                                                                                                                                                                                                                                                                                                                                                                                                   |                                              | Billing Contact:<br>(monthly water bill)   |
|           | Billing Address: _____                                                                                                                                                                                                                                                                                                                                                                                                                |                                              | Phone No.: _____                           |
|           | Billing Division:<br>(customers w/ specific account setup)                                                                                                                                                                                                                                                                                                                                                                            |                                              | Email: _____                               |
| <b>C.</b> | 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: _____                           |
|           | Phone Number: _____                                                                                                                                                                                                                                                                                                                                                                                                                   |                                              | Date: _____                                |
|           | 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: \_\_\_\_\_