



Lake Hemet Municipal Water District

Mailing Address: P.O. Box 5039, Hemet, CA 92544-0039
 26385 Fairview Avenue, Hemet, CA
 Phone: 951/658-3241 Fax 951/927-2913
newservice@lhmwd.org
www.lhmwd.org

LHMWD New Service Application Instructions

Prior to applying for service with LHMWD, please verify the property is located within the LHMWD service boundary. [Click here for a map of the LHMWD Service Area.](#) Locate your property using the search bar at the top of the page. Applications for service outside of the LHMWD service area will not be processed.

For complete applications received before 4:00pm Monday – Friday, service may be connected as soon as the next business day at no cost. Same day service requires payment of the same day service fee. Same day service requests made after 4:30pm require payment of an additional after-hours fee. If applicable, same day/after-hours fees must be paid before service will be connected. See below for a fee summary.

A deposit is required for all business applicants. Personal applicants *may* be required to pay a deposit depending on service history with the District. If applicable, the deposit must be paid before service will be connected. See the attached Deposit Collection Procedure for more information.

Transferring of service to a new address or changing customer name on an existing account requires a complete application submittal. If transferring service, you will need to schedule a Stop Service for your existing account as well.

Same Day Service Fee (before 4:30pm):	\$50.00
Same Day Service Fee (after 4:30pm):	\$150.00
Deposit Amount (if applicable):	\$300.00

Submit ALL required documents through one of the following options (incomplete applications and/or submittals will not be processed):

- By email to newservice@lhmwd.org with “New Service” and the service address in the subject line
- By fax to (951) 927-2913, ATTN: New Service
- In person at the District Office located at 26385 Fairview Ave, Hemet, CA 92544 (Monday - Friday 8am to 5pm)

Required submittals for personal applicants with a State-Issued ID:

- Fully completed application including applicant signature
- Legible scan/photo/copy of applicants State-Issued ID
- Payment of deposit (if applicable, see attached for deposit applicability)

Required submittals for business applicants with Tax ID Number (T.I.N.):

- Fully completed application including guarantor/applicant signature and T.I.N.
- Payment of deposit (required for business applicants)

The deposit (if applicable) may be submitted through the following options:

- Credit card by phone (please indicate this is the preferred method when submitting your application and a representative will contact you at the provided contact number to take payment)
- Cash or credit card in person at District Office located at 26385 Fairview Ave, Hemet, Ca 92544



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Application for New Service

Complete all fields. A legible scan/photo/copy of the customer's State-issued ID must be submitted along with this application for personal (non-business) applicants. Incomplete applications and/or applications submitted without an ID will not be processed. A deposit may be required prior to starting service, see attached for more information.

Application Date: <small>(Today's date)</small>	New Service Date: <small>(Date that service will be connected/placed in your name)</small>		
Same Day Service Requested? <small>(Same Day Service/After Hours Fees apply. See attached for more info)</small>	Yes	No	
Service Address: <small>(Address where new service is requested)</small>			
Property Type: <small>(Select one)</small>	Single Residential	Multi Residential	Commercial
Customer Name: <small>(Name as it will appear on notices/bills, please print)</small>	<small>First</small>	<small>Last</small>	
Billing Address: <small>(Address where notices/bills will be delivered)</small>	<small>Street Address (or P.O. Box)</small>	<small>City</small>	<small>State</small> <small>Zip</small>
Telephone #: <small>(Include area code)</small>	Email Address:		
Delivery Method: <small>(How you prefer to receive notices/bills)</small>	eBill	Mail	Both
Customer ID / T.I.N.: <small>(State-issued ID number for personal applicants. Tax ID number for business applicants)</small>			
Customer Type: <small>(Select one)</small>	Property Owner	Property Tenant	Landlord
I hereby certify that the above is true and I have read and agree to the LHMWD Rules and Regulations, Billing Procedure and Deposit Collection Procedure.			
Applicant Name: <small>(If different than the Customer Name above. Please print)</small>	<small>First</small>	<small>Last</small>	
Customer/Applicant Signature		Date	

Submit complete application and ID to one of the following:

- By email to newservice@lhmwd.org with "New Service" and the service address in the subject line
- By fax to (951) 927-2913, **ATTN: New Service**
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Commercial Water Use Questionnaire

Date: _____

Name: _____

Phone: _____

Address: _____

Do you currently have or will you be adding any of the following items listed below at this property?

Backflow Prevention Devices

Yes No

Irrigation System

Yes No

Multiple Service Connections

Yes No

Multi-Story Building

Yes No

Medical/Dental Office

Yes No

Water Filtration or Reverse Osmosis System

Yes No

Post-Mix Carbonator (Soda Machine)

Yes No

Fire Protection System/Sprinklers

Yes No

Auxiliary Water Source (Well, Tank, etc.)

Yes No

Chemical Injection/Feeder System

Yes No

Laundry or Dry-Cleaning Facilities

Yes No

Photo Processing or Printing Equipment

Yes No

Booster Pump or Pressure Tank

Yes No

Please describe how you will be using water at your property/facility: _____

LHMWD Office Use Only

Account # _____

Hazard assessment survey required?

Yes

No

Cross Connection Control Specialist: _____

Date: _____