



# TRIUNFO

WATER & SANITATION DISTRICT

## WATER SERVICE APPLICATION

(Please call 1-800-613-0901 for commercial service)

To start or stop water service, please fill out the form below and return completed form via email at [triunfowater@triunfowsd.com](mailto:triunfowater@triunfowsd.com) or via mail (address printed at the bottom). A \$75 deposit and a \$15 set-up fee will apply to all new service requests. Please allow 2 business days from the date the application is received. For further information, please call (800) 613-0901. Note that service charges will apply on start service date or upon meter installation.

Please check all that apply:

Date: \_\_\_\_\_

Start Service

Own

Construction Meter

Stop Service

Rent

Meter Upgrade to: \_\_\_\_\_

Date needed for starting or stopping service: \_\_\_\_\_

*[Note that service will not be started or stopped on Saturday, Sunday, legal holidays, or when the field office is closed, unless special arrangements are made (additional fees will apply)]. Field office hours are Monday -Thursday 7:00 am - 4:30 pm and Friday 7:00 am – 3:30 pm].*

Type or print the following information:

Customer Name: \_\_\_\_\_

Service Address: \_\_\_\_\_

Phone No.: \_\_\_\_\_ Cell/Work No.: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Driver License No. or Social Security No.: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Previous Triunfo Address (if applicable): \_\_\_\_\_

For service start, provide billing address:  
(If other than service address)

Following request for service stop, final bill will  
be mailed to:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Customer Signature: \_\_\_\_\_

*[Note that previous customers whose outstanding balance was forwarded to collections will be required to provide proof of payment and pay two times the current deposit fee **prior** to receiving water service].*

THIS SECTION FOR OFFICE USE ONLY	
<input type="checkbox"/> \$75 Deposit	Date: _____
<input type="checkbox"/> \$15 Account Set Up Fee	
Account No. _____	Meter No. _____

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