

**APPENDIX C**

**APPLICATIONS AND FORMS FOR  
DEVELOPMENT & NEW WATER SERVICES**

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## Applications and Forms for Development and New Water Services

(Complete the following forms as applicable)

**Instructions:** Customer information should be completed and pertinent boxes should be checked for forms and applications submitted to IWA. Completed Forms and Applications can be submitted to IWAEngineering@indio.org.

Applicant Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_

Project Name: \_\_\_\_\_

Project Address: \_\_\_\_\_

Tract No.: \_\_\_\_\_ Phase No.: \_\_\_\_\_ Lot No.: \_\_\_\_\_

### Pre-Plan Check Submittal Process Applications

Customer	IWA		Comments
<input type="checkbox"/>	<input type="checkbox"/>	Research Request Application (Form A-1)	_____
<input type="checkbox"/>	<input type="checkbox"/>	Fire Flow Evaluation Application (Form A-2)	_____
<input type="checkbox"/>	<input type="checkbox"/>	Will Serve Letter Request Application (Form A-3)	_____
<input type="checkbox"/>	<input type="checkbox"/>	Water Supply Assessment Review Application (Form A-4)	_____

### Plan Check Submittal Process Applications

<input type="checkbox"/>	<input type="checkbox"/>	Water Plan Check Application (Form B-1)	_____
<input type="checkbox"/>	<input type="checkbox"/>	Water Meter Clearance Application (Form B-2)	_____
<input type="checkbox"/>	<input type="checkbox"/>	Easement Legal Description Review Application (Form B-3)	_____

### Development Fee Process

<input type="checkbox"/>	<input type="checkbox"/>	Water Inspection Request (Form C-1)	_____
<input type="checkbox"/>	<input type="checkbox"/>	Water Development Impact & Supplemental Water Supply Fee (Form C-2)	_____
<input type="checkbox"/>	<input type="checkbox"/>	Water Meter Application (Form C-3)	_____
<input type="checkbox"/>	<input type="checkbox"/>	Well drilling and Well Abandonment Application (Form C-4)	_____
<input type="checkbox"/>	<input type="checkbox"/>	Static Pressure Information Request (Form C-5)	_____

### Additional Services (Customer Service)

<input type="checkbox"/>	<input type="checkbox"/>	New Water Account Request Application (Form D-1)	_____
<input type="checkbox"/>	<input type="checkbox"/>	Water Main Shutdown Application (Form D-2)	_____
<input type="checkbox"/>	<input type="checkbox"/>	Water Infrastructure Abandonment (Form D-3)	_____
<input type="checkbox"/>	<input type="checkbox"/>	Fire Hydrant Meter Application (Form D-4)	_____
<input type="checkbox"/>	<input type="checkbox"/>	Meter Downsize Request Application (Form D-5)	_____
<input type="checkbox"/>	<input type="checkbox"/>	Credit Card Authorization (Form D-6)	_____

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

#### For IWA office use only:

Received By: _____	Date: _____
Approved By: _____	Date: _____



### Research Request Application

Please allow ten (10) business days from date received for processing. IWA will notify applicant if research is expected to take longer than ten (10) days.

Company Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Application Submitted Date: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Development Location: \_\_\_\_\_

**Request: What fees have been paid?**

1. Attach a copy of the Water Agreement.
2. Attach a copy of the tract map with lot numbers and addresses.
3. Attach a list of lots by tract/phase/lot number/address.
4. Estimated month/date when fees were paid; or provide a receipt number.

5. What specific types of fees are you researching? Plan check, inspection, development impact, meter fees, etc.  
\_\_\_\_\_

6. If Community Facilities District (CFD) and/or Assessment District (AD) numbers were recorded for the tract, what are the CFD/AD number(s)?  
\_\_\_\_\_

7. Are there any active meters/accounts for this project? If so, provide a list with the service addresses.  
\_\_\_\_\_  
\_\_\_\_\_

**Please provide other pertinent information to your request:**

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

**Research Request Fee**

Description	Cost/Hour	Number of Hours
Research Request	\$142.00	_____

**Total: \$** \_\_\_\_\_ **Payment Code:** RRF

Note: Payments shall be made upfront using an approximated number of hours (estimation made by IWA), and a reimbursement will be given if the approximation was overestimated after the research request has been completed. Additional fees will be charged if approximated time was underestimated.

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

Please make check payable to "Indio Water Authority"

**For IWA office use only:**

Received By: _____	Date: _____
Approved By: _____	Date: _____
Comments: _____	
Date Paid: _____	Amount Paid: _____
Check No.: _____	Receipt No.: _____
Payment Processed By: _____	



### Fire Flow Evaluation Application

Please allow ten (10) business days from date received for processing.

Applicant/Contact Person: \_\_\_\_\_ Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

Project Name: \_\_\_\_\_

Project Address\*: \_\_\_\_\_

Tract No.: \_\_\_\_\_ Phase: \_\_\_\_\_ Lot No.(s): \_\_\_\_\_

*\*A drawing or map of the area indicating the desired location of the fire flow test MUST be attached to this application. A printout of a web map with location clearly marked is acceptable.*

#### Owner Contact Information (If different from applicant/contact person)

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

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

Street

City

State

Zip

#### Fire Flow Fees

Payment Type	Services	Cost	Quantity
FFE	Fire Flow Test- Hydraulic Model	\$750.00	_____
FFE	Hydraulic Analysis Review <sup>1</sup>	\$500.00	_____
<b>Total: \$</b>			_____

<sup>1</sup> IWA will determine if a hydraulic analysis is necessary on a case by case basis. If IWA requests the hydraulic analysis and accompanying report, it shall be prepared by the developer's Civil Engineer and submitted to the IWA Engineering Section with the first plan check submittal.

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

*Please make check payable to "Indio Water Authority"*

#### For IWA office use only:

Received By: _____	Date: _____
Approved By: _____	Date: _____
Date Paid: _____	Amount Paid: _____
Check No.: _____	Receipt No.: _____
Payment Processed By: _____	



### Will Serve Letter Request Application

Applicant/Contact Person: \_\_\_\_\_ Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

Project Name: \_\_\_\_\_

Project Address: \_\_\_\_\_

Tract No.: \_\_\_\_\_ Phase: \_\_\_\_\_ Lot No.(s): \_\_\_\_\_

#### Will Serve Letter Information

Address letter to: \_\_\_\_\_

Mail letter to: \_\_\_\_\_

Street

City

State

Zip

#### Project Information

Number of lots/units: \_\_\_\_\_

Gross acres: \_\_\_\_\_

Number of services: \_\_\_\_\_

#### Will Serve Letter Fee

Description	Cost for Letter
Will Serve Letter	\$80

**Total: \$** \_\_\_\_\_ Payment Code: WSL

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

Please make check payable to "Indio Water Authority"

#### For IWA office use only:

Received By: _____	Date: _____
Approved By: _____	Date: _____
Date Paid: _____	Amount Paid: _____
Check No.: _____	Receipt No.: _____
Payment Processed By: _____	



### Water Supply Assessment Review Application

Applicant/Contact Person: \_\_\_\_\_ Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

Project Name: \_\_\_\_\_

Project Address: \_\_\_\_\_

Tract No.: \_\_\_\_\_ Phase: \_\_\_\_\_ Lot No.(s).: \_\_\_\_\_

#### Water Supply Assessment (WSA) Review Fee

Description	Cost for Review
WSA Review	\$453

Total: \$ \_\_\_\_\_ Payment Code: WSA

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

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

Please make check payable to "Indio Water Authority"

#### For IWA office use only:

Received By: _____	Date: _____	
Approved By: _____	Date: _____	
Date Paid: _____	Amount Paid: _____	Receipt No.: _____
Check No.: _____	Payment Processed By: _____	

## Water Plan Check Application

Applicant/Contact Person: \_\_\_\_\_  
 Email: \_\_\_\_\_ Phone #: \_\_\_\_\_  
 Project Name: \_\_\_\_\_  
 Project Address: \_\_\_\_\_  
 Tract No.: \_\_\_\_\_ Phase: \_\_\_\_\_ Lot No.(s): \_\_\_\_\_

**Project Information**

Number of lots/units: \_\_\_\_\_ Gross Acres: \_\_\_\_\_  
 Number of services: \_\_\_\_\_  Individual meters  Master metered  
 Is this property served by a well or other source of water?  Yes  No  
 If yes, is this well to be abandoned?  Yes  No

**Fire Flow Data** (this section does not apply to individual homes)

Total Fire Flow Requirements: \_\_\_\_\_ GPM (provided by City of Indio Fire Services)

**Hydraulic Analysis** (this section does not apply to individual homes)

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

**Developer Point of Contact or Project Manager**

Firm: \_\_\_\_\_  
Print Name Address  
 Contact Person: \_\_\_\_\_  
Print Name Phone Number

**Engineering Firm Information**

Engineering Firm: \_\_\_\_\_  
Name Address  
 Contact Person: \_\_\_\_\_  
Name Phone Number  
 Email Address: \_\_\_\_\_  
 Professional Engineer: \_\_\_\_\_

**Plan Check Fees**

Description	Cost/Sheet <sup>1</sup>	Quantity	*PLAN REVIEW EXCEEDING FOURTH REVIEW *Cost/Sheet <sup>2</sup>	Quantity
Water Plan Check	\$811	_____	\$811	_____
<b>Total:</b>		_____	<b>Total: \$</b> _____	
				Payment Code: WP

<sup>1</sup> IWA standard AutoCAD template - Legends sheet will not be counted toward total number of pages, as long as they do not contain design information specific to project.

<sup>2</sup> Plans beyond fourth review will be subjected to cost of \$811 per sheet at the discretion of the IWA Manager of Engineering and Water Quality.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Please make check payable to "Indio Water Authority"

**For IWA office use only:**

Received By: \_\_\_\_\_ Date: \_\_\_\_\_  
 Approved By: \_\_\_\_\_ Date: \_\_\_\_\_  
 Date Paid: \_\_\_\_\_ Amount Paid: \_\_\_\_\_ Receipt No.: \_\_\_\_\_  
 Check No.: \_\_\_\_\_ Payment Processed By: \_\_\_\_\_



### Water Meter Clearance Application

Applicant/Contact Person: \_\_\_\_\_ Phone #: \_\_\_\_\_  
 Project Name: \_\_\_\_\_ Email: \_\_\_\_\_  
 Project Address: \_\_\_\_\_  
 Tract No.: \_\_\_\_\_ Phase: \_\_\_\_\_ Lot No.(s): \_\_\_\_\_

**Project Information**

Meter Address: \_\_\_\_\_  
 Commercial\*     Residential     Residential Multi Unit:     New service location  
 No. of Units \_\_\_\_\_     Irrigation (complete Form B-2 page 2 of 2)

\* A multi unit commercial building requires a separate meter for each unit.

**Total Fixture Units** (for fixtures not included herein, refer to the latest edition of the California Plumbing Code)

Fixture	Private FUs	Public FUs	No. of Fixtures	Total
Bath tub or Combination Bath/Shower (fill)	4	4	x	=
3/4" Bath tub Fill Valve	10	10	x	=
Clothes Washer, domestic	4	4	x	=
Dental Unit, Cuspidor	-	1	x	=
Dishwasher, domestic	1.5	1.5	x	=
Drinking Fountain or Water Cooler	0.5	0.5	x	=
Hose Bib	2.5	2.5	x	=
Lavatory	1	1	x	=
Lawn Sprinkler, each head	1	1	x	=
Mobile Home, each (minimum)	12	-	x	=
Bar Sink	1	2	x	=
Clinic Faucet Sink	-	3	x	=
Clinic Flushometer Valve w/ or w/out faucet	-	8	x	=
Kitchen Sink, domestic	1.5	1.5	x	=
Laundry Sink	1.5	1.5	x	=
Wash up Sink, each set of faucets	-	2	x	=
Shower, per head	2	2	x	=
Urinal, 1.0 GPF Flushometer Valve	3	4	x	=
Wash fountain, circular spray	-	4	x	=
Water Closet, 1.6 GPF Gravity Tank - Private/Public	2.5	2.5	x	=
Water Closet, 1.6 GPF Flushometer Valve - Public	-	5	x	=

Total Units: \_\_\_\_\_

Estimated Commercial Use (Gallons per Month): \_\_\_\_\_

Fire Sprinkler Requirements:     13D     NFPA    \_\_\_\_\_ GPM Required = \_\_\_\_\_  
 (1" meter requirement if greater than 30 GPM)

Note: If any fixtures or water requirements are designated by CFM, IWA will convert all use to GPM for meter sizing.

**Water Meter Clearance Application Fee**

Description	Cost to Review Application
Review of Water Meter Clearance Application	\$86
Total: \$ _____ Payment Code: WMC	

I affirm that the information given is correct. The approval given for minimum meter size and maximum water capacity of water pipe are based solely on the information and the buiding plans. Any deviation under construction will require resubmission of corrected data for determination of adequacy of water pipe and meter sizes.

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

Please make check payable to "Indio Water Authority"

**For IWA office use only:**

Total Fixture Units for Water Capacity: _____	Total GPM for Meter Sizing: _____ (gpm)
Backflow Prevention Required? <input type="checkbox"/> Yes <input type="checkbox"/> No	Backflow Size: _____
Approved Meter Size: _____	Water Supply Line Size: _____
Approved By: _____	Date: _____
Date Paid: _____	Amount Paid: _____    Receipt No.: _____
Check No.: _____	Payment Processed By: _____



**Irrigation Water Meter Clearance Application**

Applicant/Contact Person: \_\_\_\_\_ Phone #: \_\_\_\_\_  
 Project Name: \_\_\_\_\_ Email: \_\_\_\_\_  
 Project Address: \_\_\_\_\_  
 Tract No.: \_\_\_\_\_ Phase: \_\_\_\_\_ Lot No.(s): \_\_\_\_\_

**Project Information:**  
 Irrigation Water Meter Address: \_\_\_\_\_

Station No.	Flow (gpm)	Runtime (minutes per day)	Runtime (days per month)	Conversion Factor	CCF PER MONTH
1	_____	_____ x _____	_____ x _____	÷ 748	= _____
2	_____	_____ x _____	_____ x _____	÷ 748	= _____
3	_____	_____ x _____	_____ x _____	÷ 748	= _____
4	_____	_____ x _____	_____ x _____	÷ 748	= _____
5	_____	_____ x _____	_____ x _____	÷ 748	= _____
6	_____	_____ x _____	_____ x _____	÷ 748	= _____
7	_____	_____ x _____	_____ x _____	÷ 748	= _____
8	_____	_____ x _____	_____ x _____	÷ 748	= _____
9	_____	_____ x _____	_____ x _____	÷ 748	= _____
10	_____	_____ x _____	_____ x _____	÷ 748	= _____
11	_____	_____ x _____	_____ x _____	÷ 748	= _____
12	_____	_____ x _____	_____ x _____	÷ 748	= _____
Total Monthly Demand (CCF)					= _____
Total Annual Demand (CCF)					= _____

**Water Meter Clearance Application Fee**

Description	Cost to Review Application
Review of Water Meter Clearance Application	\$86
Total: \$ _____ Payment Code: WMC	

I affirm that the information given is correct. The approval given for minimum meter size and maximum water capacity of water pipe are based solely on the information and the building plans. Any deviation under construction will require resubmission of corrected data for determination of adequacy of water pipe and meter sizes.

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

Please make check payable to "Indio Water Authority"

**For IWA office use only:**

Total Landscape Area: _____	Max. GPM for Meter Sizing: _____ (gpm)
Backflow Prevention Required? <input type="checkbox"/> Yes <input type="checkbox"/> No	Backflow Size: _____
Approved Meter Size: _____	Water Supply Line Size: _____
Approved By: _____	Date: _____
Date Paid: _____	Amount Paid: _____
Check No.: _____	Receipt No.: _____
Payment Processed By: _____	



### Easement Legal Description Review Application

Applicant/Contact Person: \_\_\_\_\_ Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

Project Name: \_\_\_\_\_

Project Address: \_\_\_\_\_

Tract No.: \_\_\_\_\_ Phase: \_\_\_\_\_ Lot No.(s): \_\_\_\_\_

**Easement Information\***

\* A copy of all legal description documents, exhibits, and a survey closure report must be attached to this application for review. Allow up to 10 business days for review.

**Easement Legal Description Review Fee**

Description	Cost to Review Easement
Easement Review	\$98.00

Total: \$ \_\_\_\_\_ Payment Code: ERF

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

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

Please make check payable to "Indio Water Authority"

**For IWA office use only:**

Received By: _____	Date: _____	
Approved By: _____	Date: _____	
Date Paid: _____	Amount Paid: _____	Receipt No.: _____
Check No.: _____	Payment Processed By: _____	



## Water Inspection Request

Applicant/Contact Person: \_\_\_\_\_ Phone #: \_\_\_\_\_

Applicant Address: \_\_\_\_\_

Email: \_\_\_\_\_

Project Name: \_\_\_\_\_

Project Address: \_\_\_\_\_

Tract No.: \_\_\_\_\_ Phase: \_\_\_\_\_ Lot No.(s): \_\_\_\_\_

### Public Improvements Inspection Fee

Construction Estimate	Rate	Amount	Pymt Code
_____	x 3%	= _____	WI
<b>Sub-Total: \$</b>			_____

**Note:** Public Improvements Inspection fees for existing developments may be subjected to labor and materials cost upon discretion of IWA Engineering Manager. The hourly rate for inspectors will be \$90/hour.

_____	x \$90/Hr	= \$ _____	WI
<b>Estimate Hr.</b>	<b>Sub-Total</b>		

### Service Line Inspection Fee

Description	Cost/Inspection	Quantity	Amount	Pymt Code
Service Line Inspection*	\$186.00	x _____	= _____	WI
<b>Sub-Total: \$</b>			_____	

\*Applies to service line installations done by private contractor that are not part of a larger public water system improvement job and water infrastructure abandonments.

**Grand Total:** \_\_\_\_\_

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

Please make check payable to "Indio Water Authority"

**For IWA office use only:**

Received By: _____	Date: _____
Approved By: _____	Date: _____
Date Paid: _____	Amount Paid: _____
Check No.: _____	Receipt No.: _____
Payment Processed By: _____	



## Water Development Impact Fee (DIF) and Supplemental Water Supply Fee (SWSF)

Applicant/Contact Person: \_\_\_\_\_ Phone #: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Project Name: \_\_\_\_\_  
 Project Address: \_\_\_\_\_  
 Tract No.: \_\_\_\_\_ Phase: \_\_\_\_\_ Lot No.(s): \_\_\_\_\_

### Water Development Impact Fee (DIF)

Water Meter Size* (inches)	Impact Fee		Quantity	Amount	Pymt Code
3/4" x 1"	\$4,030	x	_____ = _____	_____	CE
1"	\$6,717	x	_____ = _____	_____	CE
1.5"	\$13,342	x	_____ = _____	_____	CE
2"	\$21,495	x	_____ = _____	_____	CE
3"	\$46,914	x	_____ = _____	_____	CE
4"	\$78,636	x	_____ = _____	_____	CE
6"	\$154,694	x	_____ = _____	_____	CE
8"	\$180,123	x	_____ = _____	_____	CE

**DIF Total: \$** \_\_\_\_\_

\*5/8" bypass meter for DCDA does not incur a Water Development Impact Fee.

\*New DIF approved November 17, 2021 (Resolution No. 10242) and affective January 17, 2024.

### Supplemental Water Supply Fee (SWSF)

Development Type	SWSF (\$ per acre)	Acres	Pymt Code
Commercial/Institutional	\$3,533	_____	SWS
Hotel/Motel	\$7,718	_____	SWS
Industrial	\$5,055	_____	SWS
Commercial Irrigation/Common Areas	\$8,370	_____	SWS
Multi-Family Residential	\$6,685	_____	SWS
Single Family Residential	\$12,120	_____	SWS
City Parks/Irrigation and Landscape Lighting Districts	\$7,392	_____	SWS

**SWSF Total: \$** \_\_\_\_\_

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

Please make checks payable to "Indio Water Authority"

**For IWA office use only:**

Received By: \_\_\_\_\_ Date: \_\_\_\_\_  
 Approved By: \_\_\_\_\_ Date: \_\_\_\_\_  
 Date Paid: \_\_\_\_\_ Amount Paid: \_\_\_\_\_ Receipt No.: \_\_\_\_\_  
 Check No.: \_\_\_\_\_ Payment Processed By: \_\_\_\_\_



### Water Meter Application

Applicant/Contact Person: \_\_\_\_\_ Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

Project Name: \_\_\_\_\_

Project Address: \_\_\_\_\_ Tract: \_\_\_\_\_ Phase: \_\_\_\_\_

APN(s) \_\_\_\_\_ Lot Size(s) Sq. Ft. \_\_\_\_\_ Lot No.(s): \_\_\_\_\_

#### Meter/Service Information

Service Address of Meter Location\*: \_\_\_\_\_

\*If there is more than one (1) meter location, a list of City assigned meter location addresses corresponding to type of meter must be attached to this application. The list must also include APN, Lot size (Sq. Ft.), and Lot number. Individual meters are required for each unit/suite in a commercial building.

#### Service Type

- Single Occupancy: \_\_\_ Residential \_\_\_ Commercial
- Residential Multi Unit: No. of Units \_\_\_\_\_
- Motel/Hotel: No. of Units \_\_\_\_\_
- Recreational Vehicle Park: No. of Units \_\_\_\_\_
- Mobile Home Park: No. of Units \_\_\_\_\_
- Irrigation/Landscape
- City Account or LLD
- Backflow Device Size: \_\_\_\_\_

#### Water Meter Fee

Size**	Type	Cost****	Quantity	Amount	Pymt Code
3/4 x 1"	Ultrasonic	\$418	x _____ =	\$ _____	WM
1"	Ultrasonic	\$494	x _____ =	\$ _____	WM
1 1/2"	Ultrasonic	\$863	x _____ =	\$ _____	WM
2"	Ultrasonic	\$984	x _____ =	\$ _____	WM
5/8"	Meter for Fire Service***: Size of Service: _____	\$388	x _____ =	\$ _____	WM
N/A	Antenna Replacement	\$40	x _____ =	\$ _____	WM
N/A	Register Replacement	\$259	x _____ =	\$ _____	WM
N/A	Meter Box (by owner)		x _____ =	\$ _____	WM

(for meters larger than 2", price to be determined upon date of purchase)

Meter Device Sub-Total: \$ \_\_\_\_\_

#### Note:

\*Meters not installed within 30 days of purchase may be subject to additional meter cost due to price increase.

\*\*Backflow assembly is required for 1" irrigation and commercial meter or larger.

\*\*\* 5/8" bypass meter for fire service is required for 2" meter service and larger.

\*\*\*\*New water meter fees revised June 25, 2025 with new increase effective July 01, 2025.

#### Water Meter Inspection Fee (New meter inspection is required for each new meter installation done by private contractor)

Description	Cost	Quantity	Amount	Pymt Code
New Meter Inspection (includes 3 site visits)	\$208	x _____ =	\$ _____	IN
Additional Meter on same lot, bypass Meter or Meter Box Inspection (1 visit)	\$69	x _____ =	\$ _____	IN

Inspection Sub-Total: \$ \_\_\_\_\_

GRAND TOTAL: \$ \_\_\_\_\_

Owner's representative hereby acknowledges by their signature that they are fully aware that they will request an inspection after meter boxes have been installed and service line inspection is completed and fully approved. Applicant must pick up meter(s), install meter(s) and request additional inspection to verify installation and turn on water service. All inspection/meter release request must include the tract number, lot number(s) and address where meter(s) have been installed. For instructions for inspections and meter release, see Meter Flow Chart, Form C-3 page 2 of 2.

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

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

Please make check payable to "Indio Water Authority"

#### For IWA office use only:

Received By: _____	Date: _____
Approved By: _____	Date: _____
Date Paid: _____	Amount Paid: _____
Check No.: _____	Receipt No.: _____
	Payment Processed By: _____

## NEW METER INSTALLATION PROCESS - RESIDENTIAL / COMMERCIAL

After fees have been paid, you will be emailed or mailed a receipt, a copy of the Water Meter Application (Form C-3), and a list of lots and addresses.

### Step 1. First Inspection

Email or fax in a request for your First Inspection to **ATTN: 1st Inspection**. The inspector will inspect the Service Line, Angle Stop, and space allowance of Meter and Meter Box. See spec sheet for installation instructions.

**Email** [iwainspections@indio.org](mailto:iwainspections@indio.org)  
**Fax No.** (760) 391-6418

Please reference the tract, lot numbers and addresses. Include a return phone number to contact you if the inspection does not pass.

### Step 2. Meter Pick-Up

After the **First Inspection** passes, you can request to pick up your meter(s) by email at:

**Email** [iwainspections@indio.org](mailto:iwainspections@indio.org)  
**Fax No.** (760)391-6418

Meters shall be installed within (10) business days from date of pick up.

In the subject line, please add **ATTN: Meter Release**

Meter pick-up days Tuesday and Thursday between 10 AM and 11 AM.

Please reference the tract, lot numbers and addresses you need meters for and date you will pick up meters. Include a return phone number to contact you.

### Step 3. After Meters with Backflow are Installed

A backflow is required for Commercial, Industrial, Residential Irrigation or property with a pre-existing well 1" or larger. After installing your meter and backflow, email to [iwainspections@indio.org](mailto:iwainspections@indio.org) or fax in your request to (760) 391-6418 to schedule a **Meter/Backflow 2nd Inspection**. If the backflow passes inspection, water service will be turned on.

If the meter and backflow does not pass 2nd Inspection, a Backflow Specialist will contact you.

### Step 4. After Meter is Installed

If your meter(s) does not require a backflow, email or fax in your request to **ATTN: 2nd Inspection**. If the meter installation passes inspection, water service will be turned on.

**Email** [iwainspections@indio.org](mailto:iwainspections@indio.org)  
**Fax No.** (760)391-6418

Please reference the tract, lot numbers and addresses. Include a return phone number to contact you if the inspection does not pass.

### Step 5.

#### Final (3rd) Inspection "Certificate of Occupancy"

Email or fax request to **ATTN: 3rd Inspection** to schedule a Final Inspection, at which time the inspector will sign off on the "Certificate of Occupancy" form.

**Email** [iwainspections@indio.org](mailto:iwainspections@indio.org)  
**Fax No.** (760) 391-6418

Please reference the tract, lot numbers and addresses. Include a contact name and phone number so the Inspector can call you to schedule an appointment.

**Regarding Turning on the meter: Please do not turn the meter on. The IWA Staff are the only person(s) authorized to turn the angle stop on at the meter after the 2nd inspection has passed. IWA reserves the right to charge an Unauthorized Tampering of Meter fee for each meter turned on by someone other than the IWA Staff. If meter is moved to another location after the meter has passed 2nd inspection, an additional charge will be added for Unauthorized Meter Relocation.**



Well Drilling and Well Abandonment Permit Application

Please allow ten (10) business days from date received for processing.

Date of Application: \_\_\_\_\_

Applicant/Contact Person: \_\_\_\_\_

Email: \_\_\_\_\_ Phone #: \_\_\_\_\_

APN #: \_\_\_\_\_ Well Driller C-57 License #: \_\_\_\_\_

Site Address: \_\_\_\_\_ Owner Address: \_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

Type of Work (circle selection): [ ] NEW WELL [ ] RECONSTRUCTION [ ] DESTRUCTION
OTHER (please specify): \_\_\_\_\_

A plot plan for new wells must be attached to this application. Provide description of method for abandonment, construction or reconstruction of wells. Page 2 of this form must be completed as applicable to permit application.

To obtain a copy of Specifications for the Abandonment of Private Wells, please refer to Department of Water Resources, Water Well Standards: State of California (Bulletin 74-81 & 74-90) or contact IWAEngineering@indio.org.

Proposed Use of Well (circle selection):

Table with columns: Payment Code, Fees, Quantity, and Description. Includes items like COW, AGW, LW, MW, IW, CAW, ABW, DRW, PWE, DRR, WI with associated fees and quantities.

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

Please make check payable to "Indio Water Authority"

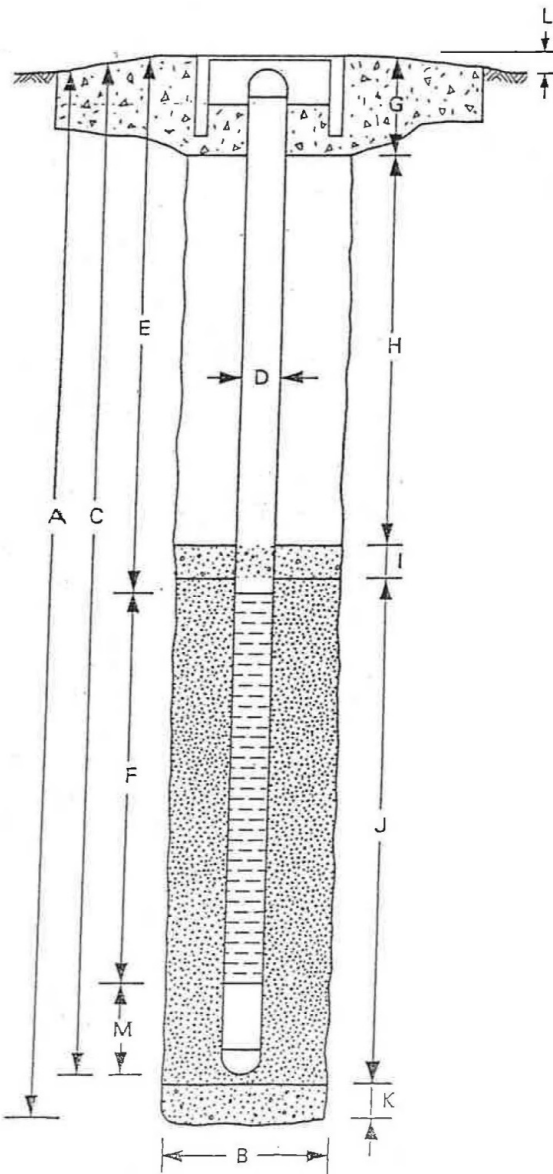
For IWA office use only:

Form box containing fields for Received By, Approved By, Date Paid, Amount Paid, Receipt No., Check No., and Payment Processed By.

## Well Drilling and Well Abandonment Permit Application (Abandonment and New Construction)

All applicable fields should be completed and submitted with form C-4 page 1. Completed forms can be sent to [IWAEngineering@indio.org](mailto:IWAEngineering@indio.org).

Project Name: _____	Rig Type: _____
Location: _____	Bit Type: _____
Date Installed: _____	Datum: _____
Driller: _____	Ground surface Elevation: _____
Driller Address: _____	
Top of Casing Elevation (at mark): _____	Static Water Level (Feet): _____



A) Depth of Well in Feet (Existing)	_____
A) Depth of Well in Feet (Proposed)	_____
B) Diameter of Boring in Inches (Existing)	_____
B) Diameter of Boring in Inches (Proposed)	_____
Drilling Method	_____
C) Casing Length (feet)	_____
Casing Material	_____
D) Diameter of Well in inches (Proposed)	_____
D) Diameter of Well in inches (Existing)	_____
E) Depth to top perforations (feet)	_____
F) Perforated Length (feet)	_____
F) Perforated (interval) From _____ to _____	_____
G) Surface Completion in Feet	_____
G) Materials	_____
H) Backfill (Feet)	_____
H) Backfill material	_____
I) Filter pack bridge in feet	_____
I) Material	_____
J. Filter Pack in feet	_____
J. Pack material/size	_____
K. Bottom zone if needed in feet	_____
K. Material	_____
L) Surface cover height above grade in inches	_____
M) Well tail piece length in feet	_____
Sand Pack (Yes or No)	_____
Special Conditions:	_____
	_____
	_____
	_____

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



### Static Pressure Information Request

Please allow three (3) business days from date received for processing.

Date of Application: \_\_\_\_\_

Applicant Name: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

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

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

Project Name: \_\_\_\_\_

Project Address: \_\_\_\_\_

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

**To be completed by IWA Representative**

**Historical Static Water Pressure (from SCADA)**

\_\_\_\_\_  
LOW

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

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

The Indio Water Authority does not warranty or guarantee the results of the static pressure(s) indicated herein. Static pressure(s) may vary over time as the result of modifications to the water distribution system or other unforeseen conditions.



Customer Account # \_\_\_\_\_

### New Water Account Request Application

Date of Application: \_\_\_\_\_

Service Address (if multiple lots, leave blank): \_\_\_\_\_

Primary Applicant: \_\_\_\_\_

Federal Tax ID#: \_\_\_\_\_ Email: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ D.O.B.: \_\_\_\_\_ SS#: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Primary Phone: Street \_\_\_\_\_ Ext. \_\_\_\_\_ City Secondary Phone: State \_\_\_\_\_ Zip \_\_\_\_\_ Ext. \_\_\_\_\_

Secondary Applicant: \_\_\_\_\_ Email: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ D.O.B.: \_\_\_\_\_ SS#: \_\_\_\_\_

#### Type of Service

- Are you the:  Property Owner  Tenant  Property Manager
- Is this property:  Single Residential  Apartments  Commercial
- # of Units \_\_\_\_\_  Commercial with Units \_\_\_\_\_

#### Information and Instructions for Water Service Request on New Meter Installation (AFTER 2ND METER INSPECTION HAS PASSED)

1. Completely fill out Water Service Request FORM D-1 (page 1 of 2) - all fields required.
2. Read, sign and date Start Service Acknowledgement of Terms and Conditions FORM D-1 (page 2 of 2).
3. Provide a Federal Tax ID number for business if Applicant is under a business name.
4. Provide a clear copy of a valid (not expired) Drivers License or Government Issued ID for each Applicant (this does not apply if Applicant is using business name and providing W-9 with Federal Tax ID number).
5. If service is for multiple lots, include copy of Exhibit Address Listing. If you do not have this, include a list with tract, phase, service addresses and lot numbers and lot size (sf)for New Development Water Request.

#### Important Information

To abide by Identity Theft Laws, we must ask that you provide a copy of a valid Driver's License or Government Issued ID for each Applicant, if you are the Applicant. If Applicant is a business, please provide Federal Tax ID number. Failure to provide proper identification will delay processing of your application and purchase of meters.

Please remember all faxed/emailed requests received by 5:00PM, Monday - Friday will take five (5) business days (excludes date the fax/email request was sent) to process your completed New Development Water Account Request.



Customer Account # \_\_\_\_\_

### Start Service Acknowledgement of Terms and Conditions

The Indio Water Authority will start water service and billing provided by the INDIO WATER AUTHORITY to undersigned customer(s) ("Customer") under the following conditions:

This acknowledgement and Water Service Request forms must be completed, signed and received by Customer by one VIA mail, fax, email, or in person, to the Indio Water Authority office prior to the activation of any service.

Customer acknowledges that water services are only for the premises stated in the Water Service Request Form.

Customer acknowledges that the Indio Water Authority owns, operates, and maintains only the portion of the water service line from the water main to the outlet end on the downstream side of the meter. Customer is responsible for the remaining portion of the service line to the customer service connection. In compliance with Federal Trade Commission requirements, the "Identity Theft Red Flag Rule" mandates that Indio Water Authority requires the presentation of a valid form of identification from the person or persons who are establishing water account. Customer acknowledges this condition of compliance and must present government-issued identification to establish water service.

Customer acknowledges that the Indio Water Authority will provide a single service connection to the Property. If the Indio Water Authority disconnects water service to the Property for any reason, including, but not limited to, making repairs, waterline extensions, or failure to make payment when due, the Indio Water Authority may discontinue the service pursuant to the applicable provisions in the Indio City Code.

Customer acknowledges that if the Indio Water Authority discontinues water service to the Property, there will be no water service for the fire sprinkler system and that there will not be any fire sprinkler protection. Customer understands this risk and assumes all risk of loss and damage to the Property, including any structures or adjacent structures or injuries to persons arising out of termination or interruption of such water service by the Indio Water Authority, and waives all such claims against the Indio Water Authority.

Customer assumes all risk of loss or damage to personal and real Property due to backflow from the fire system portion of the customer service line into the domestic portion of the customer service line for any reason whatsoever, including without limitation, any water quality exceedances.

Customer shall hold harmless the Indio Water Authority from and against all actions, causes of action, damages, demands, liabilities, cost (including but not limited to reasonable attorney fees), claims, losses and expenses of every type and description cost to which it may be subject or put, by reason of, or

(A) The design, construction, testing, operation maintenance, repairs and replacement of the fire sprinkler system located on the Property during the period set forth in this Agreement.

(B) Failure to perform any required maintenance on the fire sprinkler system and backflow assembly located on the Property during the establish period set forth on this application.

(C) Any death, injury, damage, accident, or casualty caused or claimed to be caused by the discontinuance of the water service to the Property for any reason, including, but not limited to, Customer's failure to make payment when due.

Customer acknowledges that the Indio Water Authority shall have no obligation or responsibility concerning the design, construction, testing, operations, maintenance, repair or replacement of the Customer's fire sprinkler system during the period set forth on this application.

Customer agrees to install a shut off valve between the house on the Property and the water service connection to meter. At Customer's expense, Customer will be responsible for any cost relating to materials and labor-related expense related to the installation of their own shut off valve. Customer further agrees to prohibit the tampering with the portion of the water service line from the water main to the outlet of the pipes, gate valve on the Property. Customer acknowledges that Customer is responsible for payment for the above services at the rate now or hereinafter established by resolution of ordinance, must abide by all rules pertaining hereto as set forth in the Indio City Code fixing water rates, and must abide by any regulations promulgated by the City of Indio or the Indio Water Authority. Customer promises to pay any bill accrued from the date of this application until Customer gives the Indio Water Authority written notification at least two working days prior to any termination of service. Customer further agrees that Customer is responsible for all water service between the time the Property is vacated and the time effective written notice is given to the Indio Water Authority.

Customer guarantees that all charges, fine and penalties, if any, and water bills for water used at the service number and address shown on the face hereof will be promptly paid in the time as provided by the ordinance or resolution of the City of Indio or the Indio Water Authority. Customer promises to pay any and all attorney and court cost that may be necessary to enforce the terms of this Agreement, including any action to collect any overdue bill. All applicants for service connections or water service shall be required to accept the conditions of pressure and service as are provided by the distributing system at the location of the proposed service connection, and to hold the Water Department harmless from all damage arising from low pressure or high pressure conditions or interruptions of service.

**I hereby authorize the Indio Water Authority to activate my water utility services based on the conditions set forth above.**

**I HAVE REVIEWED THIS AGREEMENT, FULLY UNDERSTAND ITS TERMS, AND AGREE TO BE BOUND BY ITS PROVISIONS.**

Customer Signature

Date



## Water Main Shutdown Application

CONTACT iwacustomerservice@indio.org

PLEASE ALLOW FIVE (5) BUSINESS DAYS FROM DATE RECEIVED IN OFFICE FOR PROCESSING.

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

Contractor Name: \_\_\_\_\_ Contractors License # \_\_\_\_\_

Applicant/Contact Person: \_\_\_\_\_

Email: \_\_\_\_\_ Phone #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

**Is this project for:**

- Indio Water Authority     Contractor  
 City of Indio             Other (please specify): \_\_\_\_\_

In compliance with Indio Water Authority and City of Indio, all affected residents of the water shutdown must be given 45-hour notice by the contractor before service can be interrupted due to facility repairs. Contractor must submit the following information:

**Location and type of work to be performed:**

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

**Date of shut off:** \_\_\_\_\_

**Duration of shut off:** \_\_\_\_\_

**Number of Units:** \_\_\_\_\_

Turn off From: \_\_\_\_\_ AM or PM (circle selection) through \_\_\_\_\_ AM or PM (circle selection)

- Copy of Contract or Agreement**  
 **Copy of resident/occupant notification**

Water Main Shutdown Fees to be billed:

Services	Cost	Quantity	Payment Code: WMSD
Water Main shutdown & inspections fees	\$429	_____	
After-hours fee (if applicable)	\$136	_____	

**GRAND TOTAL: \$** \_\_\_\_\_

I hereby make application to Indio Water Authority for shutdown of a water main. I agree to notify all affected customers or occupants as stated above. I promise to pay the Indio Water Authority for the above services at the rate of a water main shutdown fee and inspection fee of \$429.00, and if applicable, an after-hours fee of \$136.00.

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

Please make check payable to "Indio Water Authority"

**For IWA office use only:**

Date Paid: _____	Amount Paid: _____	Receipt No.: _____
<b>FIELD</b>	<b>ADMINISTRATION</b>	
Inspector Approval: _____ Date: _____	Received By (Customer Service): _____	
Operations Approval _____ Date: _____	Received Tag Form: _____	
Approved Date & Time of Shutdown: _____	Utility Account to Bill: _____	
Comments: _____	Work Order No.: _____	
_____	Comments: _____	



### Water Infrastructure Abandonment

Date of Application: \_\_\_\_\_

Applicant/Contact Person: \_\_\_\_\_

Email: \_\_\_\_\_ Phone #: \_\_\_\_\_

Site Address: \_\_\_\_\_

Owner Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**NOTE: A plot plan must be attached to this application showing specific location of work.**

**Type of Abandonment:**

Fire Hydrant (Private)

Please provide location and type of work to be performed:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Water Service

Please provide location and type of work to be performed:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Fire Service

Please provide location and type of work to be performed:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Other (please specify):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**All abandonments will require a water main shutdown (Form D-2) and service line inspection (Form C-1)**

I hereby make application to Indio Water Authority for water infrastructure abandonment. I acknowledge that all abandonments will require a water main shutdown application (Form D-2) and will notify all affected customers or occupants.

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

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

**For IWA office use only:**

Received By: _____	Date: _____
Approved By: _____	Date: _____
Comments: _____	

## Fire Hydrant Meter Application

### Instructions to install a hydrant meter and turn on water service

1. Completely fill out Fire Hydrant Meter Application FORM D-4, page 2 (all fields r
2. Sign and Date the Start Service Acknowledgement of Terms and Conditions FOR
3. Provide a clear Copy of a valid Government Issued ID.
4. Include a check in the amount of \$1,064.00 payable to Indio Water Authority.
5. Installation of a hydrant meter request must be received at our office before 1:00 p.m. for installation of the meter the NEXT BUSINESS DAY. Any requests after 1:00 p.m. will take up to TWO (2) BUSINESS DAYS for installation of the

### Important Information

We are closed weekends and Holidays. We only install Hydrant Meters Monday through Friday (excluding holidays).

To abide by Identity Theft Laws, we must ask that you provide a copy of a valid (not expired) Driver's License or Government Issued ID for each Applicant. Failure to provide proper identification will delay processing of your application.

Please attach a map of the location and flag fire hydrant.

As stated on the application, you are required to pay the following prior to the installation of the hydrant meter:

Deposit = \$1,000.00

Installation Fee = \$64.00

Additional fees attached

If the customer needs the hydrant meter moved to another hydrant, there is a \$64.00 charge. Only IWA can move the meter. You will need to call Customer Service at (760) 391-4038 to schedule for the following business day and provide

1. Nearest cross streets of new hydrant location
2. Flag Hydrant

**Please read the following statements carefully:**

1. I will not use this Fire Hydrant Meter for irrigation purposes.
2. I will not use this Fire Hydrant Meter to fill any type of water feature including but not limited to
3. If there is no air gap, the vehicles and/or vessels must have a reduced pressure principle/device with a copy of the latest test.

**If you have further questions: contact Customer Service at (760) 391-4038.**



### Fire Hydrant Meter Application

CONSTRUCTION METERS		
Hydrant Meter Installation	\$64	
Relocation of Hydrant Meter	\$64	
Construction Meter Deposit For Water Service	\$1,000	Refundable
Construction Meter Rental Charge	\$79	Monthly Fee
MONTHLY SERVICE CHARGE (Based on meter size, effective January 1, 2018)		
1" Meter	\$52.90	Monthly Base Service Fee
3" Meter	\$317.37	Monthly Base Service Fee
4" Meter	\$528.96	Monthly Base Service Fee
6" Meter	\$1,057.88	Monthly Base Service Fee
ADDITIONAL SERVICE FEE & TAX (effective January 1, 2018)		
Water Service Establishment-Construction Meter	\$20	One Time Fee, Set Up Account
Tier 1 Water Consumption	\$1.41	Per 100 cu. ft. (748 Gallons)
CVWD Replenishment Assessment	\$0.16	Per 100 cu. ft. (748 Gallons)
City Utility Tax	6%	City utility tax
MISCELLANEOUS ACCOUNT FEES		
Delinquency Fee	10%	10% penalty on delinquent bills
Unauthorized Meter Relocation Fee (MM)	\$276	Penalty Per Meter
Special Request Water Quality For Construction	\$245	One-time

### Fire Hydrant Meter Application

CONSTRUCTION METERS		
Hydrant Meter Installation	\$64	
Relocation of Hydrant Meter	\$64	
Construction Meter Deposit For Water Service	\$1,000	Refundable
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Delinquency Fee	10%	10% penalty on delinquent bills
Unauthorized Meter Relocation Fee (MM)	\$276	Penalty Per Meter
Special Request Water Quality For Construction	\$245	One-time



### Meter Downsize or Upsize Request Application

**Instructions:** Complete this form in its entirety, sign, and return to Indio Water Authority (IWA) via IWAEngineering@indio.org, or fax to (760) 391-6433 ATTN: IWA Engineering, or by mail.

Applicant Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Account Number: \_\_\_\_\_ Email: \_\_\_\_\_

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

**Meter Information**

Existing Meter  
 Size\*: \_\_\_\_\_ (inch)       Commercial       Residential

If Commercial or Residential, is Fire Protection System Fed by Existing Meter?  
 No  
 Yes      If yes, please contact IWA Engineering for further evaluation.

Desired Meter	Size	Meter Type	Cost of Meter	Max GPM	Max Fixture Units
<input type="checkbox"/>	3/4"	Positive Displacement	\$418.00	30	48
<input type="checkbox"/>	1"	Positive Displacement	\$494.00	50	128

**Preliminary Meter Down Size Quote**

**If work done by IWA:**

Description	Amount
Meter Device	\$ _____
Estimated Labor Cost	\$ 300.00
Estimated Additional Parts	\$ 50.00

**If work done by Licensed Plumber:**

Description	Amount
Meter Device	\$ _____
Inspection Fee (2 Inspections)	\$ 138.00

Per Chapter 54, Section § 54.062 LANDSCAPE AND WATER CONSERVATION, "Consumers, contractors, or any other person shall not tamper with or make inoperable any permanent meter that is installed to record water usage." By installing a shutoff valve, it eliminates the possibility tampering charge, which is \$315 for the first offense and \$430 the second offense. Customers without a shutoff valve will be required to install the valve to be in compliance with the municipal code. Cost for the shutoff valve is \$150.

**Estimated Total:**      \$ \_\_\_\_\_

By signing this, I agree to a meter down size and accept the change in flow availability to my service location. I agree to pay in full the quote provided to me by Indio Water Authority. The total cost may be higher than the original quote due to the condition of the existing meter. Meters larger than 1-inch will be required to pay additional labor and material costs. Other costs associated may include, but not limited to, meter box replacement, customer shut-off ball valve, and extra fittings. Additional costs associated will be determined solely by Indio Water Authority and will be included as part of the next month's bill after work is complete. **I also understand that any and all future cost to return the meter to its original size will need to be paid to IWA.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Please make check payable to "Indio Water Authority" if applicable or required.

**For IWA office use only:**

Received By: _____	Date: _____
Approved By: _____	Date: _____
Comments: _____	



## Indio Water Authority

IWA Engineering Phone Line: (442) 400-5250

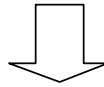
Forms and Inquiries may be submitted directly, by mail to: 83-101 Avenue 45 Indio, CA 92201 or

[Email: IWAEngineering@indio.org](mailto:IWAEngineering@indio.org)

# Water Meter Downsize

(All Forms and detailed Procedural Guidelines also available for download on IWA website)

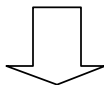
Carefully read and fill out all enclosed forms completely and accurately. IWA Engineering is available for assistance as needed.



Submit all enclosed forms to IWA Engineering (**Form B-2 Water Meter Clearance, Form D-5 Meter Downsize Request, and Form D-6 Credit Card Authorization** if applicable) with only Form B-2 evaluation fee to be paid at time of forms submittal. Payment will be processed and a receipt will be sent to Customer.

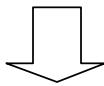
ESTIMATED PROCESS TIME: 5 BUSINESS DAYS OR LESS

FEES DUE: \$86



IWA Engineering will evaluate the request and notify Customer as to eligibility to downsize the meter. Approved requests will proceed to IWA installation processing.

ESTIMATED PROCESS TIME: 5 BUSINESS DAYS OR LESS



Customer to coordinate IWA inspections and meter pick up (meter pickup not required if Customer paid for optional IWA Installation service) by sending email to [iwainspections@indio.org](mailto:iwainspections@indio.org) one business day prior to intended pick-up and provide service address, return phone number, date that Customer will pickup meter. Meter pick-up days are Tuesdays and Thursdays between 10AM-11AM. For IWA Installation and IWA Inspections, D-5 estimated fees will be adjusted (reduced or increased, see Form D-5) to actual costs and accounted for in Customer's next effective water bill depending on the timing of installation.

ESTIMATED PROCESS TIME: 15 BUSINESS DAYS

ESTIMATED MINIMUM REMAINING FEES: \$750

(FOR EXAMPLE: 3/4 -INCH IWA INSTALLATION), SEE FORM D-5 FOR DETAILS



### Credit Card Authorization

Applicant/Contact Person: \_\_\_\_\_ Phone #: \_\_\_\_\_

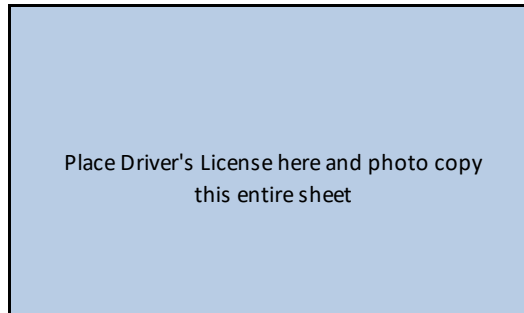
Project Name: \_\_\_\_\_ Email: \_\_\_\_\_

Project Address: \_\_\_\_\_

Tract No.: \_\_\_\_\_ Phase: \_\_\_\_\_ Lot No. (s): \_\_\_\_\_

#### Driver's License Information

1. Complete the entire remittance form at bottom of page.
2. Place Driver's License of Authorized Signer in box to the right and photo copy.
3. Email to [IWAEngineering@indio.org](mailto:IWAEngineering@indio.org) or fax to (760) 391-6440 with required forms.



#### Payment Information (exactly as it shows on card)

VISA                       MASTERCARD

Credit Card Number: \_\_\_\_\_  
PLEASE PRINT

Expiration Date: \_\_\_\_\_ MM/YY                      V Code: \_\_\_\_\_ 3-DIGIT ON BACK OF CARD

Cardholder Name: \_\_\_\_\_

Credit Card Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Billing Zip Code: \_\_\_\_\_

**Amount: \$** \_\_\_\_\_

Cardholder Signature: \_\_\_\_\_ Date: \_\_\_\_\_

OFFICE USE ONLY:

PAYMENT AUTHORIZATION CODE: _____	DATE PROCESSED: _____
-----------------------------------	-----------------------