



FIRE SERVICE/RPDC REQUEST

ENGINEERING DEPT.
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Case No.: WTR_____ - _____

PROJECT INFORMATION (All information must be completed in its entirety so as not to delay the installation of the water meter(s).
See the current approved Fee Schedule for Cost.)

Project Name: _____		Date: _____	
Project Location: _____		A.P.N.: _____	
Parcel Map No.: _____	Fire Service Size: _____	Set Date Requested: _____	
Parcel No.: _____	3/4" By-Pass Meter No.: _____	Applicant Signature: _____	

CONTACT INFORMATION (Be sure to complete all required information completely.)

Company Name: _____			
Mailing Address: _____			
Street		State	Zip
Phone: _____	Email: _____		
Contact: _____	Title: _____		
Phone: _____	Cell Phone: _____		
Fax: _____	Email: _____		

CUSTOMER (TENANT/BILLING) INFORMATION (Complete all information fully as requested)

Customer Name: _____			
Customer Address: _____			
Street		State	Zip
Billing Address: _____			
Street		State	Zip
Customer Contact: _____	Contact Title: _____		
Phone No.: _____	Email: _____		
Cell Phone No.: _____	Fax No.: _____		

METER SET INFORMATION (TO BE COMPLETED BY VWD STAFF)

Field Technicians: _____	Set By: _____	Set Date: _____
Meter No.: _____	Radio No.: _____	Opening Read: _____