



# WATER METER REQUEST

ENGINEERING DEPT.  
760.955.5158 Main  
760.955.5159 Fax  
engineeringshared@  
ci.victorville.ca.us

Case #: WTR -

(Please allow 7-10 business days for requests to be processed)

## PROJECT INFORMATION

(All information must be completed in its entirety so as not to delay the installation of the water meters. See current Fee Schedule for cost.)

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

Project Location: \_\_\_\_\_ A.P.N.: \_\_\_\_\_

Project Type:  Residential No. Lots: \_\_\_\_\_ Tract No.: \_\_\_\_\_ Comments: \_\_\_\_\_

Commercial No. Parcels: \_\_\_\_\_  Domestic  Fire  Irrigation Comments: \_\_\_\_\_

Service Service Service

**NOTE: WATER LATERALS MUST BE STAKED TO INSURE THE ACCURATE LOCATION OF THE CONNECTION TO DISTRICT WATER LINE.**

## CONTACT INFORMATION

(Be sure to complete all required information completely.)

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Contact: \_\_\_\_\_ Title: \_\_\_\_\_

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

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

## WATER METER INFORMATION

(Be sure all information is completed in its entirety or the installation of the water meters may be delayed.)

Mainline Size: _____	Lateral Size: _____	Date Request Received: _____
Drop-In (VWD Meter Installation only): <input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	Full Installation (VWD installed laterals): <input type="checkbox"/> No <input type="checkbox"/> Yes
Parcel/Lot No. _____	A.P.N. _____	Street Address: _____
Parcel/Lot No. _____	A.P.N. _____	Street Address: _____
Parcel/Lot No. _____	A.P.N. _____	Street Address: _____

**SEE REVERSE SIDE TO REQUEST FOR ADDITIONAL METERS**

