



WILL-SERVE LETTER REQUEST

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

CASE #: WTR _____ - _____

PROJECT INFORMATION

(All information must be completed in its entirety so as not to delay the Will-Serve Letter.)

Project Name: _____

Date: _____

Project Location: _____

A.P.N.: _____

Residential No. Lots: _____ Tract No.: _____ Comments: _____

Project Type: Commercial No. Parcels: _____ Domestic Service Fire Service Irrigation Service Comments: _____

Project Description: _____

CONTACT INFORMATION

(Be sure to complete all required information completely.)

Company Name: _____

Mailing Address: _____
Street State Zip

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Contact: _____ Title: _____

Phone: _____ Cell Phone: _____

Fax: _____ Email: _____

WILL-SERVE INFORMATION

(TO BE COMPLETED BY VWD STAFF)

Atlas Page(s): _____

Date Request Received: _____

Zone: _____

Water Feasability Study Required: No Yes

Existing Mainline: No Yes

If yes, Size: _____ Plan No.: _____

Comments: _____
