



# WILL-SERVE LETTER REQUEST

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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.:	_____
Project Type:	<input type="checkbox"/> Residential	No. Lots:	_____
	<input type="checkbox"/> Commercial	No. Parcels:	_____
Project Description:	_____	Tract No.:	_____
		<input type="radio"/> Domestic Service	<input type="radio"/> Fire Service
		<input type="radio"/> Irrigation Service	Comments: _____

## 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:	<input type="checkbox"/> No <input type="checkbox"/> Yes
Existing Mainline:	<input type="checkbox"/> No <input type="checkbox"/> Yes	If yes, Size:	_____
Comments:	_____		
	_____		
	_____		