



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

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:	_____
Office Phone:	_____	Email:	_____
Cell Phone:	_____	Title:	_____

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

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