



**STATIIC (or AVAILABLE) WATER PRESSURE REQUEST FORM  
INTENDED FOR INDIVIDUAL SINGLE FAMILY RESIDENTIAL LOTS**

**ALL OTHER PROJECTS SUCH AS RESIDENTIAL OR COMMERCIAL FIRE SPRINKLER SYSTEMS, COMMERCIAL/INDUSTRIAL PROJECTS, OR MIXED USE PROJECTS, MULTI TRACT HOMES, SHALL USE THE "FIRE FLOW AND HYDRAULIC BOUNDARY CONDITIONS" REQUEST FORM DS-001**

**Fee:** 58.00

Average Processing Time is Normally 1 to 3 Days From the Date this Form is Received by EMWD

<b>CUSTOMER CONTACT INFORMATION</b>	Date: _____	<input type="checkbox"/> <b>Call for Pick Up</b>
	Business Name: _____	<input type="checkbox"/> <b>Mail to:</b>
	Requestor Name: _____	<input type="checkbox"/> Address Listed at Left
	Address: _____	<input type="checkbox"/> Address Below:
	City, State ZIP: _____	_____
	Phone: _____ Alternate: _____	_____
	Mobile: _____ Fax: _____	_____
	Email: _____	_____

<b>PROJECT INFORMATION</b>	Assessor's Parcel Number: _____
	High Pad Elevation: _____ Low Pad Elevation: _____
	Project Address: _____ Project Type:
	City, State ZIP: _____ <input type="checkbox"/> <b>Single Residential Lot</b>
	Project Name or Tract Number: _____
	Nearest Cross Streets: _____

**By signing this document, I acknowledge that I have been advised of the cost of this service and the time required to complete my request. Further, I understand that not providing the information requested on this form can result in a longer processing time.**

\_\_\_\_\_ Customer Signature \_\_\_\_\_ Date

Comments:

<b>OFFICE USE ONLY</b>	Water Pressure: <input type="checkbox"/> High <input type="checkbox"/> Low <input type="checkbox"/> Normal
	Remote Connection? <input type="checkbox"/> No <input type="checkbox"/> Yes
	Employee Signature _____ Date _____