

**WILL-SERVE LETTER  
REQUEST FORM**



<b>CONTACT INFORMATION</b>	Date: _____ Business Name: _____ Contact Name: _____ Address: _____ City: _____ State & Zip Code: _____ *E-Mail: _____ Telephone: _____ *Will Serve Letter will be delivered by e-mail unless requested by mail.
<b>Project Type</b>	<p style="background-color: yellow;"><b>PLEASE INDICATE YOUR PROJECT TYPE BELOW:</b> <span style="float:right;"><b>COST</b></span></p> <p> <input type="checkbox"/> Residential Lot    <input type="checkbox"/> New Single Dwelling    <input type="checkbox"/> Additional Dwelling Unit  <input type="checkbox"/> Tract    <input type="checkbox"/> Parcel Map    <input type="checkbox"/> Commercial    <input type="checkbox"/> Apartment/Condo Development    <b>\$ 77</b>  <input type="checkbox"/> Industrial    <input type="checkbox"/> Specific Plan    <input type="checkbox"/> Master Plan    <input type="checkbox"/> Other                 </p> <p>                 System (PLEASE CHECK ONE)    <input type="checkbox"/> Water    <input type="checkbox"/> Sewer    <input type="checkbox"/> Water &amp; Sewer             </p>
<b>PROJECT INFO</b> <i>Single Residential Lot</i>	APN: _____ Service Address: _____ Location: _____
<b>PROJECT INFO</b> <i>Tracts, Parcel Maps, Commercial, Apartments</i>	Project Name: _____    Number of Units: _____ Tract or Parcel Number: _____    (Apartment/Condo Project Only) Square Footage of Each Building: _____ (Commercial Project Only) Project Address/Location: _____ APN(s): _____ <p style="background-color: yellow;"><b>A NOTE FOR SUBDIVISION TRACTS, APARTMENT / CONDOS, AND COMMERCIAL PROJECTS:</b> A site map and a vicinity map must accompany this form when returned to EMWD. If the maps are separate, please provide the vicinity map on an 8 ½" x 11" sheet of paper.</p>

**THIS WILL-SERVE LETTER WILL NOT ACT AS A CLEARANCE OR FIRST RELEASE. IT WILL NOT SATISFY THE COUNTY OF RIVERSIDE DEPARTMENT OF ENVIRONMENTAL HEALTH UTILITY CLEARANCE REQUIREMENT, NOR DOES IT INDICATE DESIGN CONDITION APPROVAL BY EMWD.**