



WORK ORDER REQUEST FORM

- Inspections Plan Check On-Site Irrigation Plan of Service Recycled Water Use Exhibit (RWUE)

Development Company	Date
Primary Contact Name	Phone
Primary Mailing Address	E-Mail
City, State, ZIP	
Tract, Parcel Map, or APN	
Project Location	
Initial Deposit Amount	

AGREEMENT:

_____ hereby makes a deposit to EMWD in the amount of \$ _____ (based on project size and type of development), and agrees that this money is provided for costs incurred in checking and processing said project. It is understood that periodically the account balance will be check and if additional money is due, an invoice will be issued. (*Company name*) is responsible for any extra charges incurred beyond this initial deposit.

Developer Signature	Date	
Print Name		
Title (if applicable)		
Company (if applicable)		
EMWD Signature	Receipt Number	Date

NOTE: Prior to signature of Plan of Service and signature of the original plans, the account balance will be checked to ensure that there is a positive balance for the project. Any negative balance or additional money due will be paid at that time. If there is no activity on the project for 12 months, the work order will be closed and unused deposit refunded.