



**WESTERN MUNICIPAL WATER DISTRICT**  
**450 E. Alessandro Blvd., Riverside, CA 92508**  
**Tel: 951-789-5000 FAX: 951-789-5012**  
**CUSTOMER SERVICE REQUEST**  
**Hours: 8:00 am – 12:00 pm, Monday - Friday**

<b>For Office Use Only</b>
Date _____ Request Taken By _____

**I. PROJECT INFORMATION**     **WMWD**     **MURRIETA DIVISION**

<b>Project/Customer Name:</b>					
<b>Project Address/Location:</b>					
<b>Project Manager/Engineer:</b>					
<b>Mailing Address:</b>					
<b>Contact Person:</b>					
<b>Phone:</b>	<b>Fax:</b>				
<b>Mobile:</b>					
<b>E-mail Address:</b>					
<b>Assessor Parcel No. (APN)</b>	<b>Acreage:</b>				
<b>Grid No.</b>	<b>ID No.</b>	<b>Sec.</b>	<b>T.R.S.</b>	<b>W.</b>	<b>Pressure Zone:</b>

**CHECK THE TYPE OF PROJECT – WATER**  **SEWER**  **BOTH**

- House
- Tract                      Tract No. \_\_\_\_\_ No. of Units \_\_\_\_\_
- Development
- Apartment/Condo      No. of Units \_\_\_\_\_
- Commercial
- Center
- Business Type \_\_\_\_\_
- Other, Please \_\_\_\_\_  
explain \_\_\_\_\_

**ATTACH ONE OF THE FOLLOWING MAPS OF THE PROJECT**

- Plot Plan
- Tentative Parcel and/or Tract Map
- Site Plan
- Assessor's Parcel Map (indicate proposed development location)

**II. REQUESTED ITEM**  
 (Please allow 3 – 4 weeks)

	ITEM	Water	Sewer	Assigned To	Fee	Fee Paid
<input type="checkbox"/>	Meter/Connection Fees – Fee Quote					
<input type="checkbox"/>	Plan Check Requirements					
<input type="checkbox"/>	Will Serve Letter – AU #100-45-100 (Acct.#47931)				\$50.00	
<input type="checkbox"/>	Utility Information Request					
<input type="checkbox"/>	Fire Hydrant Flow Test/Letter AU* _____-40-100 (Acct.#42100)				\$200.00	
<input type="checkbox"/>	Fire Hydrant Verification Letter AU* _____-40-100 (Acct.#42100)				\$50.00	
<input type="checkbox"/>	Check out mylars to make prints					
<input type="checkbox"/>	Other					

\*Accounting Unit = #200-RT, #210-RU, #220-ME, #230-MURR, #240-Rainbow