



**Request for Will Serve
Victorville Water District**

Date: _____

****** Please note: Property must be
staked at all four corners to insure
accurate location of connection to
District's main water line. ******

To Whom It May Concern:

We are writing to request a will serve letter for the following property(s):

Tract # _____ Lot # _____ APN _____

Address _____

Tract # _____ Lot # _____ APN _____

Address _____

Tract # _____ Lot # _____ APN _____

Address _____

Tract # _____ Lot # _____ APN _____

Address _____

Tract # _____ Lot # _____ APN _____

Address _____

Special Instructions:

****MUST MARK ONE BELOW****	
COMMERCIAL/BUSINESS/APARTMENTS _____	RESIDENTIAL _____

Developer/Requestor Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone No. () _____

Developer/Requestor Signature: _____

You may request a maximum of 5 lots with this form. Please allow 7-10 working days for requests to be processed.

Once form is completed, please return by

**Mail: P.O. Box 5001
Victorville, CA 92395**

Fax: 760.955.5159