ELSINORE VALLEY
MUNICIPAL WATER DISTRICT

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DISTRICT SECRETARY Christy Gonzalez, Acting

UTILITY INTERRUPTION REQUEST FORM

(*complete shaded portions*)

Today's Date:	Project Number:
Project Name:	
To Construction Manager:	From: Contractor:

1.	Pothole Record Submittal Date:				
2.	Party Requesting Interruption:				
3.	What is being interrupted:				
	☐Sewer	☐Recycled	☐Potable	☐Agricultural	☐Other _____
	Size _____ Inches **Material:** ☐ACP	☐DI	☐HDP	☐ RCP	☐Other _____
4.	Location: Station		Elevation		
	Geographical Location				
5.	When: Day	Time		Hours	
6.	Details for reason of interruption:				
7.	Equipment being used and any pertinent bypass procedures:				

EVMWD ENGINEERING

Date of Received: Engineering Stamp Received

District is to receive this request 10 Business days in advance of requested interruptions.