



ELSINORE VALLEY

MUNICIPAL WATER DISTRICT

UTILITY REQUEST FORM

CONTACT INFORMATION	
<i>Owner/Developer</i>	
*Contact Name: _____	
Mailing Address: _____ City: _____ State: ____ Zip: _____	
*Email: _____ *Telephone: (_____) _____ Ext. _____	
PROJECT INFORMATION	
*Property Address: _____ City: _____ State: ____ Zip: _____	
*Assessor's Parcel Number(s): _____ (Required Field)	
Nearest Cross Streets: _____	
Description of Area: _____	
<p><i>*Please attach any exhibits showing the area requested if available.</i></p> <p style="text-align: right;">*denotes required field</p>	

All Responses will be supplied via e-mail. Please allow 3-5 working days from date received for a response.

FOR EVMWD USE ONLY	Date Received:	Response Date:
	Comments:	

Notice: Any work performed without the presence of a District Inspector is subject to rejection and rework as deemed necessary by District personnel and is also subject to a \$1,000.00 fine, due to an illegal connection.

All Utility Requests must be returned to utilityrequest@EVMWD.net

For questions, please contact Engineering at (951) 674-3146 Ext. 6705 or email utilityrequest@evmwd.net.