



BEAUMONT CHERRY VALLEY WATER DISTRICT

560 Magnolia Avenue • PO Box 2037
Beaumont, CA 92223-2258
Phone (951) 845-9581
www.bcvwd.org

Will Serve Request Water Supply Assessment (SB210)

Applicant Name:	Contact Phone #
Mailing Address:	Fax #:
City:	E-mail:
State & Zip:	
Service Address:	
Assessor's Parcel Number (APN), Tract Map No. Parcel Map No.:	
Project Type: <input type="checkbox"/> Single-Family <input type="checkbox"/> Multi-Family <input type="checkbox"/> Commercial/Industrial <input type="checkbox"/> Minor Subdivision (5 lots or less) <input type="checkbox"/> Major subdivision (6+ lots) <input type="checkbox"/> Other	
Site Map Attached: <input type="checkbox"/> Yes <input type="checkbox"/> No	

The letter should be delivered to:

Recipient: _____ _____ _____
PLEASE CHOOSE ONE: <input type="checkbox"/> Mail (above address) <input type="checkbox"/> E-mail <input type="checkbox"/> Fax <input type="checkbox"/> Will pick up

The District reserves the right to impose terms and conditions in Will Serve Letters and/or Water Supply Assessment Reports that take into account water availability issues, conservation issues and the District's existing facilities, all of which impact the District's ability to provide service to the subject property and maintain the District's ability to meet existing water demands.

Applicant's Signature

Date