

## Will-Serve Request Application

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Email address: \_\_\_\_\_

Project Name: \_\_\_\_\_

Project Location: \_\_\_\_\_

Number of units: \_\_\_\_\_ will culinary water be needed for outdoor use?  YES  NO

Will secondary water be used:  YES (if YES, please attach a copy of the secondary will serve)  NO

If YES, how will secondary water be delivered: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you have a will-serve from the secondary water company?  YES  NO

Avg landscape area per unit: \_\_\_\_\_ acre

Date will-serve is needed: \_\_\_\_\_

*For office use only*

*Pressure zone:*  LOWER  MIDDLE  UPPER

*Source Demand:* \_\_\_\_\_ GPM

*Storage Demand:* \_\_\_\_\_ Gallons

*Water Rights needed:* \_\_\_\_\_ AF

*Total ERUs:* \_\_\_\_\_

*Copy of secondary company Will-serve:*  YES  NO

*Current Source Capacity:* \_\_\_\_\_ GPM

*Current Storage Capacity:* \_\_\_\_\_ Gallons

*Available Water Rights:* \_\_\_\_\_ AF

*Available ERUs:* \_\_\_\_\_

*Date board given request:* \_\_\_\_\_

*Board mtg agenda date:* \_\_\_\_\_

*Board Decision:*  APPROVE  DENY

*Date of board decision:* \_\_\_\_\_