



Department of Public Works
Special Districts
Water and Sanitation Division

Brendon Biggs, M.S., P.E.
Director

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DEVELOPMENT SERVICES UNIT

OFFICE # 760-955-9885 – FAX # 760-955-9685

REQUEST FOR OFF-SITE METER

DATE: _____ CSA: _____

COMPANY: _____ CONTACT NAME: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

COMPANY PHONE: _____ CELL PHONE: _____

JOB SITE ADDRESS (or descriptive location): _____

LOT: _____ TRACT: _____ APN: _____

TYPE OF USE (grading house pad, mainline extension, etc.): _____

TYPE OF PERMIT ISSUED (MUST ATTACH COPY; if no building/grading permit - must have TO1 for pre-site work): _____

GALLONS PER DAY (estimate): _____ NUMBER OF DAYS: _____

LOCATION OF HYDRANT: _____

APPROVED: DISAPPROVED: BY (AUTHORIZED PERSONNEL): _____

LIMITATIONS: _____

PERMIT NUMBER: _____ ACCOUNT NUMBER: _____