



Lake Hemet Municipal Water District
Mailing Address: P.O. Box 5039, Hemet, CA 92544-0039
26385 Fairview Avenue, Hemet, CA
Phone: 951/658-3241 Fax 951/927-2913
www.lhmwd.org

LHMWD Will Serve Letter Application

Date of Application: _____

Customer Information

Customer Name: _____
Contact Name (if applicable): _____
Mailing Address: _____
Contact Phone Number: _____
Contact Email: _____

Project Information

Please select project type:

- | | | |
|--|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> Single Family | <input type="checkbox"/> Multi Family | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Commercial | <input type="checkbox"/> ADU | _____ |
| <input type="checkbox"/> Tract Map | <input type="checkbox"/> Parcel Map | |

Address (if assigned): _____
Assessor's Parcel Number(s) (APN): _____
Tract/PM Number (if applicable): _____
Number of Units: _____

• **Submit this completed application by email to jvenable@lhmwd.org**

- Will Serve letters are valid for 2 years. They do not constitute a vested right to receive water and/or sewer services in any particular amount or with any particular consistency. Will Serve letters do not satisfy Riverside County, City of Hemet or City of San Jacinto "Clearance" requirements and do not indicate any form of approval from LHMWD.
- Site map(s) may be required for projects other than single family residential.
- Will Serve Letters will be emailed to the provided email address as a PDF document, typically within 10 business days of receipt. Should a hard copy be desired, please contact Engineering Services at (951) 658-3241 ext. 5.

Customer Signature: _____