



# ATASCADERO MUTUAL WATER COMPANY

5005 El Camino Real ▪ PO Box 6075 ▪ Atascadero, CA 93423

805-466-2428 ▪ 805-466-2596 (fax) ▪ [www.amwc.us](http://www.amwc.us)

## Will-Serve Letter Request

DATE: \_\_\_\_\_ Delivery of Will-Serve Notice: ☐ Mail ☐ Pick-up ☐ Email ☐ Fax# \_\_\_\_\_

**NOTE: If submitting this form with a New Meter Application, skip SECTION I**

The undersigned hereby requests confirmation that Atascadero Mutual Water Company is willing to supply water for the following property:

APN: \_\_\_\_\_ Property Address: \_\_\_\_\_

Lot No: \_\_\_\_\_ Tract or Block: \_\_\_\_\_ Does This Property Have A Well? ☐ Yes ☐ No

Is there existing service to this parcel? ☐ Yes ☐ No If so, Account Number: \_\_\_\_\_

### PLANNED USE:

- ☐ Primary Single-Family Residential  
☐ Secondary Single-Family Residential or ADU  
☐ Commercial ☐ Fireline ☐ Landscape

Type (restaurant, car wash, etc.) \_\_\_\_\_

Multiple Units: # of Units \_\_\_\_\_

- ☐ Apartments/Condos  
☐ Mobile Homes/Trailer Parks  
☐ Hotels/Motels

Total number of meters requested: \_\_\_\_\_ Size of Meter(s): \_\_\_\_\_

Name/Company: \_\_\_\_\_

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

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Business: \_\_\_\_\_

Email Address: \_\_\_\_\_

I understand that AMWC is willing to supply water to the subject property with the following conditions:  
(Conditions are subject to change without notice)

1. This Will-Serve Letter applies only to the person(s) or organization and for the use specified above.
2. This property is subject to all AMWC policies, rates and fees in effect when fees are paid, including, but not limited to, connection fees, deferred connection fees, and recovery fees.
3. Exact location of the water meter is to be determined by owner and approved by AMWC.  
Detailed plans may be required prior to installation of water services.
4. This Will-Serve Letter will remain effective for 60 days from the date approved.
5. Owner should confirm that mainline pressure is sufficient to serve the planned elevation of any improvements.
6. In some cases, pressure-reducing valves or booster pumps may be required.

Signed: \_\_\_\_\_ Printed Name: \_\_\_\_\_  
☐ Owner ☐ Agent ☐ Other \_\_\_\_\_

### FOR AMWC USE ONLY

AMWC Service Area? ☐ Yes ☐ No Recovery Fee due? ☐ Yes ☐ No \_\_\_\_\_

Main extension required? ☐ Yes ☐ No Existing Main Location & Size \_\_\_\_\_

Comments: \_\_\_\_\_

### APPROVAL:

\_\_\_\_\_  
Signature Date