



DOWN PAYMENT APPLICATION FOR ENGINEERING SERVICES PRELIMINARY DESIGN

Mailing Address: P.O. Box 3427, San Bernardino, CA 92413
Physical Address: 3654 E. Highland Avenue, Suite 18, Highland, CA 92346
Phone: (909) 888-8986, Fax: (909) 383-1481

Date _____

APPLICANT _____

(PLEASE INDICATE ONE OF THE FOLLOWING):

CORPORATION INDIVIDUAL PARTNERSHIP OTHER

If Other _____

Address _____

City _____ State _____ Zip Code _____

Telephone No. _____ Fax No. _____

PROJECT NAME _____ Location _____

Job No. _____ Tract / Project No. _____

ENGINEER _____ RCE No. _____

Address _____

City _____ State _____ Zip Code _____

Telephone No. _____ Fax No. _____

FEE SCHEDULE

A non-refundable minimum charge in the amount of **\$1,000.00**

DESCRIPTION

Initial Design of the Preliminary Water System Layout by the District:
To cover the actual costs incurred by the District in its design of the water system for the project:

FEE: Amount Due \$ _____

NOTE: This work will be accomplished on a time and effort basis. Should the District require more funds than the original charge, the additional costs will be billed and must be paid prior to allowing water service to the project.

(Account No. 11200) JOB NO. _____ TASK PLGPE

FOR OFFICE USE ONLY

APPLICATION taken by _____ Date _____