

Community Facilities District (CFD) Letter

SPECIAL FUNDING DISTRICTS

	Project Name Tract Number Work Order Number				
need		et of requirements for construction. In some cases, EMW g CFD requirements. In order to make sure your project i r complete the questions below:			
1.	Will the project be funded using Assessment District or Community Facilities District funds?			🗌 No	
	If YES, please answer questions 2 t	through 5:			
2.	Who will be the lead agency? (supply CFD number and name of project, if known)				
3.	Will the CFD fund the water and/or	r sewer financial participation fees?	Yes	🗌 No	
4.	Will the CFD fund the water facilitie	es?	Yes	No	
5.	Will the CFD fund the sewer facilities	es?	Yes	No	

If you answered **YES** to Question 1, please contact Matt Chesney, Finance Manager, Webb Municipal Finance at (951) 248-4219, for CFD formation requirements.

I AM THE OWNER OR DEVELOPER OF TRACT ______. THE INFORMATION ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. FURTHERMORE, I UNDERSTAND THAT DEVELOPER AGREEMENTS FOR PROJECTS, INCLUDING FACILITIES TO BE FUNDED BY A CFD, MUST BE IN PLACE PRIOR TO SCHEDULING A BID OPENING FOR THE PROJECT.

Signature	Company Name
Print Name	Address
Title	City, State ZIP
Contact Number	Contact Number
Date	

RETURN THIS FORM WITH THE NEXT DESIGN CONDITIONS / PLAN CHECK SUBMITTAL