



## East Bay Municipal Utility District Water Service Application

Thank you for contacting us regarding water service at:

Address:	City:
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In order for us to complete your request, please fill in the following information and return immediately.

There is an Account Establishment Fee of \$30.00 that will appear on your first bill. This fee is not a deposit nor is it refundable. Should a deposit be required, a Customer Services Representative will contact you.

New Responsible Name:	*ID #:
Mailing Address:	City, Zip
Date Responsible for Service:	
Employer/Source of Income:	Phone #:
Employer Address:	Years Employed:
Spouse's Name:	*ID #:
Employer/Source of Income:	Phone #:
Employer Address:	Years Employed:
Reference Name:	Phone #:
Landlord Name:	Phone #:
Previous Residence:	
Address:	City, Zip:
Other EBMUD Accounts (if applicable):	
Address:	Account #:
Address:	Account #:

If you have any questions, please feel free to call us at (510)-287-1380. Our fax number is (510)-465-3470.

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Home Phone #

\*Driver's License, Identification or Social Security number.