	File No:
	APPLICATION FOR USE OF EBMUD PROPERTY OR REQUEST FOR INFORMATION
	ete this form with as much information as possible. Incomplete applications cannot be processed and will in the District's response time.)
APPLICANT	NAME:
FIRM (if appli	icable):
ADDRESS: _	
PHONE:	Home: Cell:
ADDRESS/LO	OCATION OF EBMUD PROPERTY (Street address, Map exhibit or Assessor's Parcel Number)
USE REQUE	STED (Give a complete description of your project. Attach an extra sheet, if necessary):
	COUNTY/CITY APPROVALS OR PERMITS REQUIRED? YES NO e give details:
sidered a proj documentatio project? If so,	lifornia Environmental Quality Act (CEQA) your request to use EBMUD property may be con- ject which requires completion of environmental documentation. Has any type of environmental on (Negative Declaration or Environmental Impact Report) already been completed for this , please submit a copy of that documentation, highlighting the area(s) which specifically deal uested use of EBMUD property.
ADDITIONAL	COMMENTS/REMARKS:
	r project involves any soils studies, engineering plans or environmental documentation, these nust be attached in duplicate with this application.