

WILL-SERVE REQUEST FORM

East Bay Municipal Utility District | New Business Office Fax: (510) 287-0325 -- Phone: (510) 287-1008

Requestor Name:	
Requestor Email Address: _	@
Persons/Entities to Whom the Will-Serve Letter will be Addressed:	
Email of Recipient(s) of Digital Will-Serve Letter:	@
	@
	@
	Check if same as requestor email Check if paper copy is requested in lieu of digital transmittal (digital copy is default)
Subject Address(es) of Will-Serve Letter:	
Subject APN(s) of Will- Serve Letter:	
Special Instructions for Letter	(if applicable):