



# 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  
the 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)

Please return this completed form to the New Business Office ([NBO@ebmud.com](mailto:NBO@ebmud.com)).