

SACRAMENTO MUNICIPAL UTILITY DISTRICT
Customer Application for Service

Project Address: _____

1. To ensure correct billing and refund, if applicable, for [Rule 16](#) charges at the above project, please provide the following information: (Refund or billing will be issued in the name under which this job was initiated.)

Name _____

Mailing Address for Billing _____

Telephone Number () _____

Existing SMUD Account Number, Address, or Meter Number associated with the above name.

2. Please provide name and address of person (business) who will be responsible for the monthly energy charge.

Name _____

Address _____

Telephone Number () _____ Tax ID / SSN _____

Existing SMUD Account Number, Address, or Meter Number associated with the above name.

Note: Failure to complete this form and return it to SMUD will cause a delay in electric service being provided for this project.

Advance Design Fee payment attached – Amount Paid

\$

I agree and understand the amount of the Advance Design Fee will be applied as a credit towards the SMUD cost of the project if it goes to completion. *If the project is cancelled, the Design Fee is non-refundable.*

Signature

Date

Print Name

Representing

Return this application with original signatures along with the “Project Information” forms and a check made out to SMUD, to:

SMUD New Services Division
1708 59th Street, M.S. E108
P.O. Box 15830
Sacramento, CA 95852-1830

SMUD Notification Number

SMUD Designer: Send a copy of application to New Construction Services, M.S. A203 and original application with check to Contract Desk, M.S. E108.

