

SACRAMENTO MUNICIPAL UTILITY DISTRICT
Service Information Package
Meter & Service Work

Project Name _____

Address _____ City _____ Zip _____

TB Map No. _____ Subdivision Name _____ Lot No. _____ KMP No. _____

(**Note:** If project is located within a new subdivision please provide the name of the subdivision, lot number, and K, KM, or KMP number of nearest transformer if available.)

Customer Name _____ Telephone No. _____

Billing Address _____

E-mail Address _____

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

Project Coordinator _____ Telephone No. _____

E-mail Address _____

Service Requested: _____ Amps, _____ Volts, Single Phase Three Phase

Service Conductor: Number of Runs _____ Size, Cooper Aluminum

Additional Information: _____

Job Location Sketch (Please include two nearest cross streets)

**North
Arrow**

FOR SMUD OFFICE USE ONLY

SMUD SAP Job Number

Date Location Approved

SMUD Engineering Designer

Phone

Fax



SMUD

SACRAMENTO MUNICIPAL UTILITY DISTRICT

The Power To Do More.®