

SACRAMENTO MUNICIPAL UTILITY DISTRICT Quitclaim Request Form

NAME _____
(First or Name) (Last Name) (Company)

Address _____

City _____ State _____ Zip _____

Daytime Phone (____) _____ Cell/Pager (____) _____

Email address _____

Location of Quitclaim _____

APN (Assessor Parcel Number) _____

Detailed description of Proposed Quitclaim _____

Are there existing SMUD facilities located within the easement area ? _____

Are there Utilities to be retained ? Yes No

Is this quitclaim associated with a project requiring a SMUD new service order? (SO) Yes No

If so, please provide the S/O number. _____

Please provide the the recorded vesting deed for the parcel containing the easement.

If Available, please provide the recorded easement documents or recording information (Book/Page).

SUBMIT THIS FORM TO: **Property_Admin@SMUD.org**
FAX (916) 732-6008
SMUD Property Administrator
6201 S STREET
P.O. BOX 15830, SACRAMENTO CA 95852-18530
(916) 732-5016

