

SACRAMENTO MUNICIPAL UTILITY DISTRICT Request to Lease/License /Permit SMUD Property

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

Address _____

City _____ State _____ Zip _____

Daytime Phone () _____ Cell/Pager () _____

Email address _____

SMUD APN (Assessor Parcel Number) _____

Location of Proposed Area of use. _____

Detailed Description of Proposed use of the property including planned structures
and other improvements

Period of the use. _____

Please provide preliminary plans for the area to be used.

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



SMUD

SACRAMENTO MUNICIPAL UTILITY DISTRICT
The Power To Do More.®