

SACRAMENTO MUNICIPAL UTILITY DISTRICT Easement Information Request Form

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

Address _____

City _____ State _____ Zip _____

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

Email address _____

Owner of record of the parcel containing the easement. _____

APN (Assessor Parcel Number) _____

Address of parcel. _____

Location of Easement on parcel. _____

County Records book and page of Easement Document. (If available) _____

SMUD R/W number. (If available) _____

What information would you like to receive?

SMUD can provide the following;

- Copy of easement document (if available)
- Copy of easement map (if available)

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

