

SACRAMENTO MUNICIPAL UTILITY DISTRICT

Abandonment Request Form

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

Address _____

City _____ State _____ Zip _____

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

Email address _____

Agency project # _____

APN (Assessor Parcel Number) _____

Location of Abandonment _____

Description of Proposed Abandonment _____

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

Are there Utilities/ Public Service Easements to be retained ? Yes No

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

Please provide the S/O number. _____

Please provide the documents that created the Public utility Easement (PUE).

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

