

Sacramento Municipal Utility District

Easement Information Request Form

Name: _____
(First name) (Last name) (Company)

Address: _____ State: _____ Zip: _____

Daytime phone: (____) _____ Cell phone: (____) _____

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: Realestate@smud.org

Fax: (916) 732-6008

SMUD Real Estate Services

6201 S Street, Mail Stop K222, Sacramento, CA 95817

P.O. Box 15830, Sacramento, CA 95852-0830

If you have questions, SMUD Real Estate Services can be reached at the email above or (916) 732-6868.

