

# Sacramento Municipal Utility District

## Quitclaim Request Form

Name: \_\_\_\_\_  
(First name) (Last name) (Company)

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Daytime phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Cell phone: ( \_\_\_\_\_ ) \_\_\_\_\_

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? (S/O)  Yes  No

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:

[Realestate@smud.org](mailto: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.

