## Sacramento Municipal Utility District

## Abandonment Request Form

Name:					
	(First name) (Last name) (Cor			any)	
City:			State:	Zip: _	
Daytime phone: (	)	Cell phone:	)		
Email address:					
Agency project#:					
APN (Assessor Parcel	Number):				
Location of abandonn	nent:				
Description of propos	ed abandonment:				
	ed use of the property i	ncluding planned structures a	and other impro	vements:	
			· .		
Are there utilities/public service easements to be retained?				Yes	☐ No
Is this abandonment associated with a project requiring a SMUD new service order? (S/O)			Yes	☐ No	
Please provide the S/0	O number				
Please provide the do	cuments that created th	ne Public Utility Easement (PU	IE).		
Submit this form to:	Realestate@smud.org	1			
	Fax: (916) 732-6008				
	SMUD Real Estate Ser	rvices			
	6201 S Street, Mail St	op K222, Sacramento, CA 95	817		
	P.O. Box 15830, Sacra	amento, CA 95852-0830			

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



