



Victorville Municipal Utility Services
 14343 Civic Drive • P.O. Box 5001 • Victorville, CA 92393-5001
 Phone: (760) 243-6340 • Fax: (760) 269-0039
 Email: utilityservices@victorvilleca.gov



Electric and Natural Gas Service Application

1. Business Information

Business Name:		
Business Type:		
Employer Identification Number:		NAICS Code:
Operation Schedule:	<input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri <input type="checkbox"/> Sat	Normal Business Hours:

2. Contact Information

President/CEO/Owner Name:		
Phone No.:		Email:
Mailing Address (Business):		
Mailing Address (Notifications):		
Billing Contact Name/Title:		
Phone No.:		Email:
On-site Contact Name/Title:		
Phone No.:		Email:
Engineer Contact Name:		
Phone No.:		Email:
Construction Contact Name:		
Phone No.:		Email:

3. Service Information

Service Address:												
Requested Service Date:		Square Footage: <table border="1"> <tr> <td>Office space:</td> <td></td> </tr> <tr> <td>Distrib./Warehouse:</td> <td></td> </tr> <tr> <td>Manufacturing:</td> <td></td> </tr> <tr> <td>Other:</td> <td></td> </tr> <tr> <td>Total</td> <td></td> </tr> </table>	Office space:		Distrib./Warehouse:		Manufacturing:		Other:		Total	
Office space:												
Distrib./Warehouse:												
Manufacturing:												
Other:												
Total												
Construction Start Date:												
Service Type:	<input type="checkbox"/> Permanent/Operational <input type="checkbox"/> Temporary/Construction <input type="checkbox"/> New Construction <input type="checkbox"/> Existing/Upgrade											
Service(s) Requested:	<input type="checkbox"/> Electric (complete Section 4A) <input type="checkbox"/> Natural Gas (complete Section 4B)											

4A. Electric Service

Estimated Demand (kW):			Estimated Usage (kWh):		
	Winter	Summer		Winter	Summer
Monthly Peak			Monthly Average		
Monthly Average					
Serving voltage			*No. of motors 75hp & up		
Panel Amp Size			Other		

Emergency/back-up generators located on-site?	<input type="checkbox"/> No <input type="checkbox"/> Yes
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***May be required to install soft starts on motors 75hp and above.**

4B. Natural Gas Service

Load Calculation (BTUs):

	Connected	Future
Water Heater(s):		
Heating:		
Boiler(s):		
Other:		
Total:		

Pressure Requested: <input type="checkbox"/> 7" W.C. <input type="checkbox"/> 2 PSI <input type="checkbox"/> 5 PSI <input type="checkbox"/> Other: _____	Estimated Date for Future Load: _____
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Excess Flow Valve Installation (see Notice VMA-110)?	<input type="checkbox"/> No <input type="checkbox"/> Yes
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5. Applicant Signature

By signing below, I certify that I am authorized to act on behalf of the applicant in applying for electric/gas service and agree to abide by the terms and conditions for receiving such service as outlined in the VMUS Electric Service Rules, Regulations and Rate Schedules and/or Gas Rules, Regulations and Rate Schedules, as may be amended from time to time in accordance with Chapters 10.10 and 10.11 of the Victorville Municipal Code.

Note: A facilities contract may be required in addition to this application.

Name (Print):	<input type="checkbox"/> Owner/Owner's Agent <input type="checkbox"/> Tenant/Tenant's Agent <input type="checkbox"/> Other: _____
Title:	
Signature:	Date:

Supplemental Documentation Required for Service

Please provide the following:

- E-sheets with load calculations and single line drawing
- Site Plan (Architectural and Civil design)
- CAD files

Please initial to indicate receipt of the following supplemental documents:

- _____ Notice VMA-109 – Contact Phone Numbers & Public Awareness Information
- _____ Notice VMA-110 – Excess Flow Valve Option (Natural Gas applicants only)
- _____ Notice VMA-112 – General Gas Service Information (Natural Gas applicants only)

Monthly invoice choices:

- Printed invoices sent via USPS
- Electronic invoices sent via email
- Both printed and electronic invoices

Additional email addresses to receive invoices:

Internal Use Only:

Notifications: <input type="checkbox"/> Operations <input type="checkbox"/> MUNIS Billing <input type="checkbox"/> Meter SVS/MDMA	Deposit: <input type="checkbox"/> Waived <input type="checkbox"/> Minimum (\$100) <input type="checkbox"/> Other: \$ _____	Update Listings: <input type="checkbox"/> Customer Distribution <input type="checkbox"/> Meter Reading <input type="checkbox"/> NAICS Report	MUNIS Acct. # & Customer ID: _____ Processed By/Date: _____
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