



Victorville Municipal Utility Services
 14343 Civic Drive • P.O. Box 5001 • Victorville, CA 92393-5001
 Phone: (760) 243-6340 • Fax: (760) 269-0032
 Email: utilityservices@victorvilleca.gov



Electric and Natural Gas Service Application

1. Business Information					
Company Name:					
Federal Tax ID Number:					
Business Type:					
NACIS 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:					
Business Phone No.:		Email:			
On-site Contact Name/Title:					
On-site Contact Phone No.:		Email:			
Mailing Address - Notifications:					
Billing Contact Name/Title:					
Billing Contact Phone No.:		Email:			
Mailing Address - Billing:					
3. Service Information					
Service Address:					
Requested Service Date:		Square Footage:			
Service Type:	<input type="checkbox"/> Permanent/Operational	Office			
	<input type="checkbox"/> Temporary/Construction	Distrib./Warehouse			
Service(s) Requested:	<input type="checkbox"/> Electric (complete Section 4A)	Manufacturing			
	<input type="checkbox"/> Natural Gas (complete Section 4B)	Other:			
		Total			
4A. Electric Service					
Estimated Demand (kW):			Estimated Usage (kWh):		
	Winter	Summer		Winter	Summer
Monthly Peak			Monthly Average		
Monthly Average					
Emergency/back-up generators located on-site?	<input type="checkbox"/> No <input type="checkbox"/> Yes				
Note: A Facilities Contract may be required in addition to this form.					

4B. Natural Gas Service

Load Calculation (BTUs):

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

Pressure Requested:

7" W.C. 2 PSI 5 PSI Other: _____

Estimated Date for Future Load: _____

Excess Flow Valve Installation (see Notice VMA-110)?

No Yes

5. Applicant Information & Attestation

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.

Name (Print):

- Owner/Owner's Agent
 Tenant/Tenant's Agent
 Other: _____

Title:

Signature:

Date:

Supplemental Documentation

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**)

Internal Use Only:

Notifications: <input type="checkbox"/> Field <input type="checkbox"/> Billing & A/R <input type="checkbox"/> 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"/> NACIS Report	Customer Acct. No.: _____ Processed By: _____