



**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@ci.victorville.ca.us



## 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:		<b>Square Footage:</b>	
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

<b>Estimated Demand (kW):</b>			<b>Estimated Usage (kWh):</b>		
	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:		
<b>Total</b>		

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

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:

<b>Notifications:</b> <input type="checkbox"/> Field <input type="checkbox"/> Billing & A/R <input type="checkbox"/> MDMA	<b>Deposit:</b> <input type="checkbox"/> Waived <input type="checkbox"/> Minimum (\$100) <input type="checkbox"/> Other: \$ _____
<b>Update Listings:</b> <input type="checkbox"/> Customer Distribution <input type="checkbox"/> Meter Reading <input type="checkbox"/> NACIS Report	Customer Acct. No.: _____ Processed By: _____