



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:			
EIN No.:		NAICS Code:	
Operation Schedule:	<input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun	Normal Business Hours:	

2. CONTACT INFORMATION

CEO / Owner / Pres. Name:			
Phone No.:		Email:	
Business Mailing Address:			
Notifications Mailing Address:			
Billing Contact Name / Title:			
Phone No.:		Email:	
On-Site Contact Name / Title:			
Phone No.:		Email:	
Construction Contact Name:			
Phone No.:		Email:	

3. SERVICE INFORMATION

Service Address:			
Requested Service Date:		APN No.:	
Construction Start Date:		Square Footage:	
Service Type:	<input type="checkbox"/> Permanent / Operational <input type="checkbox"/> Temporary / Construction <input type="checkbox"/> New Construction <input type="checkbox"/> Existing Upgrade	Office Space:	
		Distribution/ Warehouse:	
Services Requested:	<input type="checkbox"/> Electric (complete section 4A) <input type="checkbox"/> Natural Gas (complete section 4B)	Manufacturing:	
		Other:	
Supplemental Documentation Required:	<input type="checkbox"/> CAD Files <input type="checkbox"/> Site Plan (Architectural and Civil Design)	Total:	
	<input type="checkbox"/> E-Sheets with load calculations and single line drawings		

4A. ELECTRICAL SERVICE

Servicing Voltage:		Panel Amp Size:	
Estimated Demand (kW): Winter Summer		Estimated Usage (kW): Winter Summer	
Monthly Peak Monthly Average		Monthly Average	
No. of motors 75hp & up:		Other:	
Emerg. Generators on Site:	<input type="checkbox"/> No <input type="checkbox"/> Yes		

**** You may be required to install soft starts on motors of 75hp & above.**

4B. NATURAL GAS SERVICE

Pressure Requested:	<input type="checkbox"/> 7" W.C. <input type="checkbox"/> 2PSI <input type="checkbox"/> 5PSI <input type="checkbox"/> Other: _____		
Est. Date of Future Load:		Excess Flow Valve Required?: <input type="checkbox"/> Yes <input type="checkbox"/> No (See Notice VMA-110)	
Load Calculations (BTUs):			
		Connected	Future
	Water Heaters:		
	Heating:		
	Boilers:		
	Other:		
	Total:		

5. SUPPLEMENTAL DOCUMENTATION REQUIRED FOR SERVICE

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 applicant only)
	_____ Notice VMA-112 – General Gas Service Information (Natural Gas applicants only)
Monthly Invoice Choice:	<input type="checkbox"/> Printed & mailed via USPS <input type="checkbox"/> E-Bill, sent via Email <input type="checkbox"/> Both, Printed & E-Bill
Email Addresses for E-Bill:	

6. 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 Agreement may be required.

Name (print): _____ Title: _____

Signature: _____ Date: _____

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

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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