



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 |
|---|--|

***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: _____ |
|---|---------------------------------------|

| | |
|--|--|
| Excess Flow Valve Installation (see Notice VMA-110)? | <input type="checkbox"/> No <input type="checkbox"/> Yes |
|--|--|

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: _____ |
|---|--|--|--|