



VICTORVILLE MUNICIPAL UTILITY SERVICES

PO Box 5001
Victorville, CA 92393-5001
Phone (760) 243-6340 - Fax (760) 269-0032



APPLICATION FOR GAS SERVICE

New Service

Change of Billing Information

Date Service Required _____

Effective Date of Change _____

Company Name _____

Operations Contact Person _____ Phone _____

Accounting Contact Person _____ Phone _____

Service Address

Billing Address

Applicant is: Owner Tenant Agent Anticipated Annual Usage _____

Has the premises been supplied with gas service previously? Yes No

Name of Requester _____ Title _____

Signature _____ Date _____

FOR OFFICE USE ONLY

FIELD PERSONNEL

Initial Meter Read _____ Meter # _____

Pressure Factor _____ Multiplier _____

Date of Completion ___/___/___ Initials _____

Routed to Finance ___/___/___ Initials _____

Comments: _____

FINANCE

Account No. _____

Date Assigned _____

Routed to VMUS ___/___/___ Initials _____

Comments _____
