MENIFEE
CITY OF MENIFEE

UTILITY SERVICE TRANSFER REQUEST
Public Works & Engineering Department

DATE:

Project Reference Name	
Project Description	
Project Location	
Developer Name	
Contact Person	
Address	
Phone and E-Mail Address	
Requested Transfer Date	

DEPARTMENT	FACILITY ACCEPTED	LOCATION	ACCOUNT #
PW Operation & Maintenance	**Streetlights**		
	Traffic Signal		
	ROW Landscaping		
Community Services	**Community Park**		

Please provide the following along with this transfer request:

1. Copy of current SCE bill
2. Map exhibit location of the meter (s)
3. Total of twelve-monthly utility costs of usage
4. Landscape maintenance period letter from Community Service Department

Your request will not be processed without the completed application and meter verification.
Please allow 4 -6 weeks for the transfer.

I, the undersigned, do verify that all information listed above is current and accurate.

Authorized Signature _____ Date: _____

FOR OFFIC USE ONLY	
City Council Acceptance	Date:
Received By	Date:
Approved By	Date: