

RESIDENTIAL SERVICE APPLICATION

DATE: _____

NAME: _____

OWNER(S): _____

SERVICE ADDRESS: _____

MAILING ADDRESS: _____

CONTACT #: _____ WORK TELEPHONE: _____

I hereby apply for service to be supplied from Anthony Water & Sanitation District in consideration of the provisions of such service I agree to conform to the rules and regulations established by the ordinances of the said District as a condition for use of such service and do hereby particularly agree and conform to the provisions of ordinances if the District and laws of the State of New Mexico applying to the District.

In consideration of the service to be given, the consumer agrees that the District shall not be responsible for damages or injury caused by water/sewer escaping from the District's line, until after the District shall have been notified of the leakage by the consumer and has been given reasonable time to repair the leak or problem.

In consideration of services to be provided, the consumer agrees that under no circumstances is the water meter to be enclosed by fencing or any other structure. Water must be accessible for maintenance at anytime without structure interference. Failure to comply will force the District to take legal measures and disconnect water services.

A \$85.00 water deposit is required on all accounts before the service is activated. The deposit will not be refunded until the account is closed and the final charges have been paid or subtracted from the water deposit. The Renter/Owner has 1 year from the date the service is closed to claim the remaining deposit. If the remaining deposit is not claimed within the allowed time, the deposit will no longer be refunded.

***Property owner will be responsible for all metered water charged in excess of deposit upon finalizing account**

***Property owner will notify the District in writing of any change in user**

****Any applicant not approved for service for whatever reason, will still be responsible for the administrative fee of \$69.49**

The following information is requested by the Federal Government in order to monitor compliance with Federal laws prohibiting discrimination against applicants seeking to participate in the program. You are not required to furnish this information but are encouraged to do so. This information will not be used in evaluation of your application to discriminate against you in any way. However, if you choose not to furnish it, we are required to note the race/national original of individual applicants on the basis of visual observation or surname.

- White Black Hispanic American Indian or Alaskan Native Asian or Pacific Islanders

Owner's Signature

Date

Renter's Signature

Attest

Renter's Signature

In WITNESS Hereof I have Hereunto set my hand this _____ day of _____, 2_____
Anthony Water & Sanitation District:

Signature (Secretary-Treasurer)

FOR OFFICIAL USE ONLY:

ACCOUNT#: _____

PARCEL#: _____

MOBILE: _____ HOUSE: _____ APT: _____

WATER: _____ SEWER: _____

DATE DEPOSIT PAID: _____

ID # TAKEN: _____

METER NUMBER: _____

SERIAL NUMBER: _____

WO# _____

BEGINNING READING: _____

BOOK SEQUENCE: _____

BILLING CYCLE: _____

STATUS: ACTIVE OR INACTIVE UNTIL: _____

PERMIT#: _____

CLERK'S INITIALS CONFIRMING THAT APPLICATION IS COMPLETE: _____