

UTILITY BILLING DEPARTMENT

VILLAGE OF ANGEL FIRE

(575) 377-3232

REMIT TO:

P.O. DRAWER 489

ANGEL FIRE, NM 87710

RENTER/PROPERTY MANAGEMENT APPLICATION WATER AND/OR SEWER APPLICATION AND AGREEMENT

* REQUIRED FIELD

PLEASE PRINT

REQUESTED SERVICE DATE ___/___/___

*Service Address _____
Subdivision Block Lot # House & Street Name

*RENTING FROM _____
Last First MI

*BILLING ADDRESS _____
Street/PO Box
City State Zip

*PHONE: HOME (____) _____ WORK (____) _____

*TENANT NAME _____
Last First MI

*BILLING ADDRESS _____
Street/PO Box
City State Zip

*PHONE: HOME (____) _____ WORK (____) _____

PROPERTY MANAGER
NAME: _____

ADDRESS _____

PHONE# (____) _____

COPY OF AUTHORIZATION BY OWNER FOR
PROPERTY MANGEMENT OR HOA AGREEMENT
RECEIVED

YES ___ NO ___

The Village of Angel Fire requires that a
security deposit be made on all accounts.

Applicant is responsible for notifying the
Village of Angel Fire if service is to be
Terminated.

PLEASE DO NOT WRITE IN THIS BOX

ACCOUNT# _____

ROUTE SEQ _____

METER# _____

METER SIZE _____

METER READING _____

DEPOSIT WS= _____ \$ 100.00

DEPOSIT RF= _____ \$ _____

TOTAL \$ 100.00

VILLAGE OF ANGEL FIRE
AUTHORIZED REPRESENTATIVE

Property Owner is responsible for all charges related to general metered service, disconnect and reconnect charges. Property Owner agrees to pay in full all outstanding charges upon termination of this agreement by the Tenant or the Village of Angel Fire. Property Owner authorizes The Village of Angel Fire to bill tenant.

*OWNERS SIGNATURE _____ DATE _____