



# UTILITY BILLING DEPARTMENT

REMIT TO:  
 VILLAGE OF ANGEL FIRE  
 PO DRAWER 489  
 ANGEL FIRE, NM 87710  
 575-377-3232

## WATER AND/OR SEWER SERVICE APPLICATION AND AGREEMENT NEW CONSTRUCTION

REQUESTED SERVICE DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

\*SERVICE ADDRESS \_\_\_\_\_  
SUBDIVISION      BLOCK      LOT#      HOUSE # AND STREET NAME

WATER SERVICE

SEWER SERVICE

\*PURCHASED FROM \_\_\_\_\_  
(PLEASE INDICATE)

\*NAME \_\_\_\_\_  
LAST                      FIRST                      MI

\*BILLING ADDRESS \_\_\_\_\_  
STREET / PO BOX

\_\_\_\_\_  
CITY                      STATE                      ZIP CODE

\*PHONE: HOME (\_\_\_\_) \_\_\_\_\_  
 WORK (\_\_\_\_) \_\_\_\_\_  
 CELL (\_\_\_\_) \_\_\_\_\_

\*METER SIZE \_\_\_\_\_

FOR SEWER SERVICE, THIS SECTION MUST BE COMPLETED:

SINGLE AND MULTI-FAMILY CONNECTIONS  
SINGLE-FAMILY, DUPLEX, APARTMENT  
 CONDOMINIUMS OR TOWNHOUSES

TOTAL # OF TOILETS \_\_\_\_\_

COMMERCIAL, INSTITUTIONAL  
 INDUSTRIAL SERVICE CONNECTIONS

ESTABLISHMENT TYPE & INFORMATION

\_\_\_\_\_

\*DRIVER'S LICENSE # \_\_\_\_\_ STATE OF ISSUED \_\_\_\_\_

Agrees to pay all applicable rates related to sewer and/or wet tap fees, general metered service, disconnect and reconnect charges. It is the responsibility of the applicant to notify the Village of Angel Fire if service is to be terminated.

APPLICANT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

\* MUST BE FILLED-IN COMPLETELY

OFFICE USE ONLY	
PLEASE DO NOT WRITE IN THIS BOX	
ACCOUNT #	_____
METER INSTALL FEE	\$ _____
SEWER TAP FEE	\$ _____
GROSS RECEIPTS TAX	\$ _____
DEPOSIT-BACKFILL	\$ <u>300.00</u>
DEPOSIT-W/S#	\$ <u>50.00</u>
DEPOSIT REFUSE #	\$ _____
<b>TOTAL</b>	<b>\$ _____</b>
_____ VILLAGE OF ANGEL FIRE AUTHORIZED REPRESENTATIVE	