

CITY OF AZTEC

201 W. Chaco St.
 Aztec, NM 87410
 505-334-7670 Office
 505-334-7679 Fax

**New Service Application – Landlord/Property Mgmt****Applicant Information**

Account No:	Deposit: \$200.00		
Name:			
Date of Birth:	Social Security #:		
Home Phone:	Mobile Phone:		
Utility Service Address:			
Mailing Address:			
City:	State:	ZIP Code:	
Driver's License #: State: _____	Marital Status: Married Single Widowed N/A (Please Circle)		

Employment Information

Current employer:			
Employer address:			Phone:
City:	State:	ZIP Code:	

Co-applicant Information, If second person on account is desired.

Name:			
Date of birth:	SSN:	Phone:	
Driver's License No.	Relationship to Applicant:		

Co-applicant Employment Information

Current employer:			
Employer address:			Phone:
City:	State:	ZIP Code:	

Bank Draft

Are you interested in having your utility payment drafted out of your bank account each month?
 YES or NO (please circle)

Business License

Do you have a Business License with the City of Aztec? YES or NO (please circle)

Third Party Contact

Name of a person not residing with you:			
Address:			
City:	State:	ZIP Code:	Phone:
Relationship:			

The undersigned has read and agrees to the following:

- I agree to provide the City access to the electric and water meters Monday through Friday, 7:00am to 6:00pm, for the purpose of reading the meters or for any other action deemed necessary. Plants must be kept pruned to allow access to meters.
- I will advise the Utility Department of changes in my mailing address, phone numbers or any changes related to this application.
- I understand that I am responsible for all changes incurred at the specified address while utility services are in my name until which time I have notified the City of Aztec Utility Department otherwise.
- I hereby apply for service from the City of Aztec and in consideration for furnishing such service I agree to conform to the rules, regulations and ordinances established by the City. The City of Aztec has set policies regarding the handling of utility accounts. This policy is available upon completing a Request to Inspect Public Records.
- The information I have provided in this document is true and correct to the best of my knowledge and further agree to the terms set out above.

Signature of applicant:	Date:
Signature of co-applicant:	Date:

FOR UTILITY OFFICE USE ONLY

DESCRIPTION	DATE	WO#	BY:
_____ ON _____	_____/_____/_____		
L.O.C. from _____	DEPOSIT AMOUNT \$ _____		

NOTES
