

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

New Service Application Commercial

APPLICANT INFOR	MATION							
Account No:			Deposit Amount: \$300.00					
Name of Company:								
Doing Business As:								
Business Phone:			Mobile Phone:					
Utility Service Addres	s:							
Mailing Address:								
City:			State:	ZIP Code:				
Applicant is:	Property Owner	Tenant	Contractor					
Do you have, or have you had utility service with the City of Aztec: YES or NO								
If yes, what was the address:								
Nature of Business:								
Does applicant have	a current business license	e with the City of A	ztec: YES or	NO				
If yes, please list City	License #:							
TYPE OF OWNERS	HIP							
Individual/Sole Proprietorship			Limited Liability Company (LLC)					
Corporation			Non Profit Organization Exempt 505 (c)					
Partnership	General or	Limited	#					
Other								
LIST OWNERS, Par	rtners, Corporate Offic	cers, Association	n Members or Sharehol	lders.				
Name:			Title:					
SSN/CRS/FEIN (requir	red):							
Home Address:								
Home Phone:			Mobile Phone:					
Name:			Title:					
SSN/CRS/FEIN (requir	red):		•					
Home Address:								
Home Phone:		Mobile Phone:	Mobile Phone:					

CONTACT INFORMATION (m		an owner of Freshacht)				
Name:						
Address:						
City: State:		ZIP Code:	ZIP Code:			
Home Phone:	Mobile Pho	Mobile Phone:				
The undersigned has read and a	grees to the following:					
 I/WE agree to provide the 6:00pm, for the purpose pruned to allow access the I/WE will advise the Utilito this application. I/WE understand that I are in my name until which the I/WE herby apply for ser solid waste (unless the Gagree to conform to the services and utilities. The available upon completing I/WE certify that I/WE are 	of reading the meters of o meters. Ity Department of change of the chan	es in my mailing address anges incurred at the specity of Aztec Utility Departed consisting of furnishing services), and in consider rdinances established by a polices regarding the harman property of the p	emed necessary. Plan, phone numbers or a secified address while retirent otherwise. In a second of the condition of the cond	ants must be kept any changes related utility services are ater, sewer and such services, I/WE ion for use of		
Signature of Applicant:	Date:	Date:				
Signature of Applicant:	Date:	Date:				
	FOR UTILIT	Y OFFICE USE ONLY				
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DESCRIPTION	DATE	Ī	WO#	BY:		
ON		/				
L.O.C. from DEPOSIT		SIT AMOUNT \$	OUNT \$			
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