

**TOWN OF BERNALILLO
APPLICATION FOR WATER AND SEWER SERVICE**

ACCOUNT NAME: _____

ADDRESS: _____

MAILING ADDRESS: _____

CITY, STATE, ZIP CODE: _____

PHONE NUMBERS (HOME) _____ (WORK) _____ (CELL) _____

SOCIAL SECURITY NO: _____ DRIVERS LICENSE NO: _____

D.O.T. Utility Permit Required: Yes or No

Mobile Home: Yes or No:

<u>TYPE OF SERVICE:</u>	COMMERCIAL _____	RESIDENTIAL _____
	WATER _____	SEWER _____
	NEW SERVICE _____	EXISTING SERVICE: _____

DATE SERVICES ARE NEEDED: _____

SIGNATURE OF APPLICANT: _____

OFFICE USE ONLY

WATER SERVICE FEE _____

SEWER SERVICE FEE _____

RIGHT-OF-WAY FEE _____

ZONING REVIEW FEE _____

DEPOSIT _____

SKIRTING INSPECTION FEE: _____

TOTAL _____

AMOUNT PAID _____

COMMENTS: _____

ACCOUNT NUMBER: _____

AMOUNT DUE _____

TO BE PAID _____

ZONING APPROVAL DATE _____

SIGNATURE: _____