Signature (Secretary-Treasurer)

RESIDENTIAL SERVICE APPLICATION

| DATE: | |
|--|--|
| NAME: | |
| PREVIOUS OWNER(S): | |
| SERVICE ADDRESS: | |
| MAILING ADDRESS: | |
| CONTACT #:WORK TELEPHONE: | |
| I hereby apply for service to be supplied from Anthony Water & Sanitation District in provisions of such service I agree to conform to the rules and regulations established by the District as a condition for use of such service and do hereby particularly agree and conform ordinances if the District and laws of the State of New Mexico applying to the District. | ordinances of the said |
| In consideration of the service to be given, the consumer agrees that the District shall not be resort injury caused by water/sewer escaping form the District's line, until after the District shall the leakage by the consumer and has been given reasonable time to repair the leak or problem. | |
| In consideration of services to be provided, the consumer agrees that under no circumstances is enclosed by fencing or any other structure. Water must be accessible for maintenance at anyt interference. Failure to comply will force the District to take legal measures and disconnect water than the consumer agrees that under no circumstances is enclosed by fencing or any other structure. | time without structure |
| An \$85.00 water deposit and a \$89.00 new ownership fee is required on all accounts before the The deposit will not be refunded to renters until the account is closed and the final charge subtracted from the water deposit. The Renter/Owner has 1 year from the date the service is remaining deposit. If the remaining deposit is not claimed within the allowed time, the deposit refunded. | es have been paid or is closed to claim the |
| *Property owner will be responsible for all metered water charged in excess of deposit upon finalizing the Property owner will notify the District in writing of any change in user *Any applicant not approved for service for whatever reason, will still be responsible for the administration of the service for whatever reason, will still be responsible for the administration of the service for whatever reason. | |
| The following information is requested by the Federal Government in order to monitor compliance with discrimination against applicants seeking to participate in the program. You are not required to furnish encouraged to do so. This information will not be used in evaluation of your application to discriminate However, if you choose not to furnish it, we are required to note the race/national original of individual a visual observation or surname. | this information but are against you in any way. |
| O White O Black O Hispanic O American Indian or Alaskan Native O Asian or Pac | ific Islanders |
| Owner Signature Date | |
| Owner Signature Attest | |
| Owner Signature In WITNESS Hereof I have Hereunto set my hand thisday of2 | |
| Anthony Water & Sanitation District: | |

Amendment 4/10/07 as per RUS

FOR OFFICIAL USE ONLY:

| ACCOUNT#: | | |
|---------------------------------|------------------|--------------------------|
| PARCEL#: | | |
| MOBILE: | HOUSE: | APT: |
| WATER: | SEWER: | |
| DATE DEPOSIT PAID: | | |
| DATE OWNERSHIP FEE PA | AID: | |
| ID # TAKEN: | | |
| METER NUMBER: | | |
| SERIAL NUMBER: | | |
| WO# | | |
| BEGINNING READING: | | |
| BOOK SEQUENCE: | | |
| BILLING CYCLE: | | |
| STATUS:ACTIVE OR INAC | CTIVE UNTIL: | |
| WARRANTY DEED & ID(LOCATION | s) SCANNED & ATT | ACHED TO ACCOUNT SERVICE |
| CLERK'S INITIALS CONF | IRMING THAT APPL | ICATION IS COMPLETE: |