



[www.LRGauthority.org](http://www.LRGauthority.org)

# LOWER RIO GRANDE

## Public Water Works Authority

PO Box 2646 Anthony, New Mexico 88021 (575) 233-5742

### Application for Water/Sewer Service for Renters

#### THIS PORTION TO BE FILLED OUT BY PROPERTY OWNER

Account # \_\_\_\_\_

Name: \_\_\_\_\_ Phone(s): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Service Address: \_\_\_\_\_

Parcel ID#: \_\_\_\_\_ Map Code: \_\_\_\_\_

Date of initial move in: \_\_\_\_\_

MONTHLY BILLS WILL BE SENT TO:     RENTER     PROPERTY OWNER

I understand and agree that I am responsible for all charges related to this account whether or not bills are sent to a tenant of mine. I understand and agree that no other source of water may be connected to any water service lines connected to this water service connection with the Lower Rio Grande Public Water Works Authority. I understand and agree that only one residence may be connected to this metered water service connection and/or to this sewer connection. I acknowledge receipt of a copy of the Lower Rio Grande Public Water Works Authority Member/Customer Policies. I affirm that I have provided complete and accurate information on this application.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Photo ID: \_\_\_\_\_

**THIS PORTION TO BE FILLED OUT BY RENTER**

**\$100 DEPOSIT REQUIRED**    Account # \_\_\_\_\_

Name: \_\_\_\_\_ Phone(s): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

**REFERENCES:** List two people who are not relatives

Name: \_\_\_\_\_ Address & Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Address & Phone: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Photo ID: \_\_\_\_\_

The following information is requested by the Federal Government in order to monitor compliance with Federal laws prohibiting discrimination against applicants seeking to participate in the program. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluation of your application or to discriminate against you in any way. However, if you choose not to furnish it, we are required to note the race-national origin of individual applicants on the basis of visual observation or surname.

**Please check the applicable box or boxes**

**Race Categories:**

- Asian
- White
- American Indian/Alaskan native
- Black or African American
- Other: \_\_\_\_\_

**Ethnicity Categories:**

- White non-Hispanic
- Hispanic or Latino

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**FOR OFFICE USE ONLY**

Application Approved     Application Denied/reason \_\_\_\_\_

Application Reviewed by \_\_\_\_\_

New Tap (also need Member Application for Service & Users Agreement)     Existing Account

Meter# \_\_\_\_\_ Account # \_\_\_\_\_