



www.LRGauthority.org

LOWER RIO GRANDE Public Water Works Authority

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

MEMBER APPLICATION FOR **WATER** **SEWER SERVICE** **ACCOUNT #** _____

Authority Staff will assign account Number. Please read carefully and fill in completely. You will need to provide copies of photo id, warranty deed or recorded real estate contract, and property tax bill. Incomplete applications will not be processed. Service(s) will be automatically activated upon completion of application, unless service(s) are requested deactivated and applicable fee is paid.

1. MEMBER INFORMATION:

Name & Mailing Address of the property owner(s) – list **ALL** owners or name & officers of corporation:

Phone(s): _____

Email: _____

Copy of photo identification attached Signed Water/Sewer Users Agreement Attached

2. PROPERTY INFORMATION:

Street Address of the property requesting service (MANDATORY – contact Doña Ana County GIS Rural Addressing Division at 575-647-7350 to obtain an address if you do not yet have one)

County Acct #: _____ Parcel #: _____ District: _____

Copy of Warranty Deed attached OR Copy of Real Estate Contract recorded with Doña Ana County attached

Copy of Property Tax Bill attached Other (subject to legal review) _____

3. SIGNATURE(S) OF OWNER(S):

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.

Date: _____ **Signature:** _____

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(es)

Race Categories:

- White
- American Indian/Alaskan native
- Black or African American
- Asian
- Other _____

Ethnicity Categories:

- Hispanic or Latino
- White non-Hispanic

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3. PAYMENT OF FEES:

Certification by **Authority Staff** that applicable fees have been assessed and paid by the Applicant.

Signature _____ Title: _____ Date: _____

Additional Office notes: