



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 MEMBER/PROPERTY OWNER

Account # _____

Name: _____

Phone(s): _____

Mailing Address: _____

Service Address: _____

Email Address: _____

Parcel ID#: _____

Map Code: _____

Date of renter's initial move in: _____

Renters Name: _____

MONTHLY BILLS WILL BE SENT TO: RENTER MEMBER/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 (renter) of mine, that I have no authority over the renter account unless it becomes delinquent 90 days from the bill date at which point, I will be able to close or deactivate the account. 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: _____

Important Notice: Member/Owner and Renter are required to complete an Exit form upon moving out and/or closing account.

THIS PORTION TO BE FILLED OUT BY RENTER - \$100 DEPOSIT REQUIRED

Account # _____

Date of move in: _____

Name: _____

Phone(s): _____

Mailing Address: _____

Email Address: _____

REFERENCES: List two people who are not relatives

Name: _____ Address & Phone: _____

Name: _____ Address & Phone: _____

I understand and agree that if my bill becomes delinquent for 90 days after the bill date, the Member/Property Owner has the authority to close or deactivate my account.

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(es)

Race Categories:

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

Ethnicity Categories:

- White non-Hispanic
- Hispanic or Latino

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 # _____

Important Notice: Member/Owner and Renter are required to complete an Exit form upon moving out and/or closing account.