

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. Water quality information can be found on our website at www.lrgauthority.org under the "Notices" heading, including Consumer Confidence Reports (CCR) and Drinking Water Notices.

<u>1. MEMBER INFORMATION:</u>

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

Phone(s	5):	
Email:		
	Copy of photo identification attached	Signed Water/Sewer Users Agreement Attached

2. PROPERTY INFORMATION:

Street Address of the property requesting service (<u>MANDATORY</u> – 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 Do	oña Ana County attached
	Copy of Property Tax Bill attached	Other (subject to legal review)	
	restriction for use except that wate operation which is a violation of fede	ditions of USDA Rural Development as a bo er shall not be resold and shall not be use eral laws since marijuana is a controlled subs tion under the Controlled Substances Act	ed in the <i>marijuana</i> stance under federal

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service shall be discontinued if either restriction occurs.

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:	Ethnicity Categories:
□ White	Hispanic or Latino
American Indian/Alaskan native	□ White non-Hispanic
Black or African American	
□ Asian	
□ Other	-

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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:		