



# Utility Application

1335 1st Street Las Vegas, NM 87701 505-454-3832 Fax: 505-434-3522

Drivers License Number: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Account Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_

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

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

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

2<sup>nd</sup> Name on account: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ DL#: \_\_\_\_\_

## SERVICES

GAS \_\_\_\_ WATER \_\_\_\_ SEWER \_\_\_\_ SANITATION \_\_\_\_ OWN \_\_\_\_ RENT \_\_\_\_

Landlords Name: \_\_\_\_\_

Name of your nearest relative \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Nearest Relative Address \_\_\_\_\_

Customer Signature: \_\_\_\_\_ / 2<sup>nd</sup> Signature \_\_\_\_\_

Water Deposit \$ \_\_\_\_\_ Processing fee \$ \_\_\_\_\_

Gas Deposit \$ \_\_\_\_\_ Processing fee \$ \_\_\_\_\_

Receipt Number \_\_\_\_\_ Processed by: \_\_\_\_\_

Transfer deposit to new address: Yes \_\_\_\_ No \_\_\_\_

If Yes New Address: \_\_\_\_\_

If No Forwarding Address: \_\_\_\_\_

Date of Service requested off: \_\_\_\_/\_\_\_\_/\_\_\_\_

Customer Signature: \_\_\_\_\_ Today's Date: \_\_\_\_/\_\_\_\_/\_\_\_\_