



City of Bloomfield
 915 N First Street
 Bloomfield, NM 87413
 (505) 632-6305
 Monday through Thursday
 7:00 am – 5:30 pm

NEW SERVICE RESIDENTIAL AGREEMENT WATER, SEWER, GARBAGE

DATE: _____

Owner Tenant Property Management

Applicant Information – Primary		Co-Applicant Information (if applicable) Secondary	
Name		Name	
Previous Service Address		Previous Service Address	
Social Security Number OR ITIN	Date of Birth	Social Security Number OR ITIN	Date of Birth
Current Driver's License Number OR State ID	Current Driver's License Number OR State ID		
Email Address		Email Address	
Cell	Home	Cell	Home
Mailing Address (if different from service address)		Mailing Address (if different from service address)	

EMPLOYMENT INFORMATION

APPLICANT CURRENT EMPLOYER:			PHONE NUMBER
EMPLOYER ADDRESS:			CITY STATE ZIP CODE
CO-APPLICANTS CURRENT EMPLOYER:			PHONE NUMBER
EMPLOYER ADDRESS:			CITY STATE ZIP CODE

BANK DRAFT

Would you like to have your utility payment drafted out of your bank account each month?	YES	NO
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PAPERLESS

Check box if you would like to receive paperless e-bills? YES NO

TRASH SERVICES

How many trash receptacles are on the premises?	1	2	3
How many trash receptacles would you like?	1	2	3



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THIRD PARTY CONTACT			
REQUIRED: Emergency Contact Information – (not living with you)			
Name	Relation	Address	Phone Number

- I/we have read and understand the attached general information and I/we agree that if any unpaid or written off utility account(s) are found to be owed by any named individual listed here, those balances must be paid in-full and the deposit collected for the service location will be increased, or service can be refused.
- I/we agree, in order for the City of Bloomfield to service my/our account or to collect any amounts I/we may owe, the City may contact me/us by telephone at any telephone number associated with my account, including wireless telephone numbers, which could result in charges to me/us. The City may also contact me/us by sending text messages or emails, using any email address provided to the City. Methods of contact may include using pre-recorded or artificial voice messages and/or the use of an automatic dialing device, as applicable. I/we have read this disclosure and agree that the City of Bloomfield may contact me/us as described above.
- I/we agree to provide the City access to the water meters 24 hours a day 7 days a week for the purpose of reading meters or for any other actions deemed necessary. I/we will ensure all animals are restrained. I/we will ensure meters are accessible and are not covered by vegetation, trash, automobiles or any other item.
- I/we agree to conform to the rules, regulations, and ordinances established by the City as a condition for use of services.
- I/we agree to advise the Utility Department of changes in mailing address, phone numbers or other changes related to this Agreement immediately.

Signature	Date
Signature	Date

FOR UTILITY OFFICE USE ONLY			
ACCOUNT NUMBER		SET UP FEE	\$35.00
MULTIPLIER	X	DEPOSIT AMOUNT	\$.00 + 35 =TOT\$

NOTES: _____

