

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 or recorded real estate contract, and property tax bill. Incomplete applications will not be processed. Service(s)	copies of photo id, warranty deed
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 (<u>MANDATORY</u> – contact Doña Ana County GIS Rural 647-7350 to obtain an address if you do not yet have one)	Addressing Division at 575-
County Acct #: Parcel #: [District:
Copy of Warranty Deed attached OR Copy of Real Estate Contract recorded with Doñ	a Ana County attached
Copy of Property Tax Bill attached Other (subject to legal review)	
The LRGPWWA is subject to the conditions of USDA Rural Development as a borr restriction for use except that water shall not be resold and shall not be used operation which is a violation of federal laws since marijuana is a controlled substa	in the <i>marijuana</i>

law and subject to federal prosecution under the Controlled Substances Act (21 USC 81). Water

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:	Signature:		
discrimination encouraged to However, if yo	against applicants seeking do so. This information v	g to participate in the program. You are will not be used in evaluation of your ap	monitor compliance with Federal laws prohibiting not required to furnish this information, but are plication or to discriminate against you in any way. nal origin of individual applicants on the basis of	
Please chec	k the applicable box	(es)		
Race Categor	ies:	Ethnicity Categories:		
☐ White		☐ Hispanic or Latino		
☐ American	Indian/Alaskan native	☐ White non-Hispanic		
☐ Black or A	frican American			
☐ Asian				
Other				
FOR LRGPW	WA OFFICE USE ONLY			
3. PAYMENT C	OF FEES:			
Certification b	y Authority Staff that ap	plicable fees have been assessed and p	aid by the Applicant.	
Signature		Title:	Date:	
Additional Of	ffice notes:			