



# 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: \_\_\_\_\_

The LRGPWWA is subject to the conditions of USDA Rural Development as a borrower. There is no restriction for use except that water shall not be resold and shall not be used in the marijuana operation which is a violation of federal laws since marijuana is a controlled substance under federal law and subject to federal prosecution under the Controlled Substances Act (21 USC 81). Water service shall be discontinued if either restriction occurs.

**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

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***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 # \_\_\_\_\_

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