

REQUEST FOR WATER SERVICE

DONA ANA MUTUAL DOMESTIC WATER CONSUMERS ASSOCIATION



Commercial

Service Options

Water

Wastewater

Application Date: _____

Applicant Information

APPLICANT NAME: _____ PLACE OF EMPLOYMENT: _____

OWNER NAME: _____ WORK PHONE NUMBER: _____

SERVICE ADDRESS: _____ PRIMARY PHONE NUMBER: _____

CO-APPLICANT NAME: _____ CO-APPLICANT PHONE NUMBER: _____

MAILING ADDRESS: _____

EMERGENCY CONTACT NAME AND PHONE NUMBER: _____

Fees

METER SIZE	METER INSTALLATION FEE	\$ _____	APPLICATION FEE	\$ _____
	WATER RIGHTS	\$ _____	RENTER'S REFUNDABLE DEPOSIT	\$ _____
	IMPACT FEE	\$ _____	OTHER	\$ _____
	SEWER CONNECTION	\$ _____	NON-TAXABLE TOTAL	\$ _____
	IMPACT FEE	\$ _____	TAX	\$ _____
	MEMBERSHIP FEE	\$ _____		

SUBTOTAL: \$ _____
LESS PAYMENT RECEIVED: \$ _____
BALANCE DUE: \$ _____

Yes, I would like E-Billing

You must maintain a valid email address on file. No paper bill will be sent. Failure to receive an E-Billing statement does not exempt you from penalties or disconnects.

EMAIL ADDRESS: _____

AUTHORIZED SIGNATURE: _____

Payment Options

TELE-CHECK

CREDIT/DEBIT

CASH

CHECK

DONA ANA MDWCA REPRESENTATIVE SIGNATURE

MARGO LOPEZ, OFFICE MANAGER SIGNATURE

FOR INTERNAL USE

DRIVER'S LICENSE

COPY OF DEED, SETTLEMENT OR LEASE

COPY OF PLAT SURVEY OR EASEMENT

CUSTOMER HANDBOOK

SUBDIVISION _____ ROUTE # _____ SEQUENCE # _____ DATE READ _____ NEW ACCOUNT # _____ DISTRICT # _____
METER # _____ READING TAKEN _____ REMOTE # _____ CERTIFICATE _____ PARCEL # _____