

**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	\$ _____		

<b>SUBTOTAL: \$</b>
<b>LESS PAYMENT RECEIVED: \$</b>
<b>BALANCE DUE: \$</b>

**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

\_\_\_\_\_  
JENNIFER J. HORTON, EXECUTIVE DIRECTOR 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 # \_\_\_\_\_