



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

## BULK WATER APPLICATION

DATE: \_\_\_\_\_

PERSONAL INFORMATION				
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)		
BUSINESS INFORMATION				
Legal Name of Business or Individual		Trade Name (DBA) of Business		
Physical Address of Business (Not a PO Box)		City	State	Zip
Mailing Address		City	State	Zip
Business Phone Number		Emergency or Cell Phone Number		
Email Address		EIN Number		
TYPE OF OWNERSHIP				
<input type="checkbox"/>	Individual/Sole Proprietorship	<input type="checkbox"/>	Limited Liability Company (LLC)	
<input type="checkbox"/>	Corporation	<input type="checkbox"/>	Partnership <input type="checkbox"/> General <input type="checkbox"/> Limited (LLP) (LLLP)	
<input type="checkbox"/>	Non-Profit Organization 501(c)	<input type="checkbox"/>	Other –	
LIST OWNERS, PARTNERS, CORPORATE OFFICERS, ASSOCIATION MEMBERS OR SHAREHOLDERS				
Name		Title		Contact Phone Number
Home Address		City	State	Zip
Social Security Number OR ITIN		Email Address		

MANAGEMENT CONTACT INFORMATION		
<b>Name</b>	<b>Title</b>	<b>Contact Phone Number</b>
<b>Email Address</b>		
BANK DRAFT		
Would you like to have your utility payment drafted out of your bank account each month?		YES <input type="checkbox"/> NO <input type="checkbox"/>
PAPERLESS		
Check box if you would like to receive paperless e-bills? YES <input type="checkbox"/> NO <input type="checkbox"/>		

☐ 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 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.

☐ I/we certify that I/we are authorized to execute this agreement on behalf of the business.

<b>Signature</b>	<b>Date</b>
<b>Signature</b>	<b>Date</b>

**FOR OFFICIAL USE ONLY**

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|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> <b>Loading Station</b><br><br><input type="checkbox"/> <b>Resale/Project</b><br><b>**Requires COB Business License</b><br><br><input type="checkbox"/> <b>Agriculture/Stock</b><br><br><input type="checkbox"/> <b>Residential/Drinking</b> | <input type="checkbox"/> <b>Hydrant</b><br><br><b>Hydrant Meter No.:</b> _____<br><b>Beginning Meter Read:</b> _____<br><br><b>Date Issued:</b> _____<br><b>Ending Meter Read:</b> _____<br><b>Date Returned:</b> _____ |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

ACCOUNT NO.	NON-REFUNABLE SETUP FEE	DEPOSIT AMOUNT	CSR	DATE
	\$35.00	\$200.00		