



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

NEW SERVICE RESIDENTIAL AGREEMENT WATER, SEWER, GARBAGE

DATE: _____

☐ Owner ☐ Tenant ☐ Property Management

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)			
ADDRESS TO HAVE SERVICES CONNECTED							
EMPLOYMENT INFORMATION							
APPLICANT CURRENT EMPLOYER:						PHONE NUMBER	
EMPLOYER ADDRESS:				CITY	STATE	ZIP CODE	
CO-APPLICANTS CURRENT EMPLOYER:						PHONE NUMBER	
EMPLOYER ADDRESS:				CITY	STATE	ZIP CODE	
BANK DRAFT							
Would you like to have your utility payment drafted out of your bank account each month?						YES	NO
PAPERLESS							
Check box if you would like to receive paperless e-bills? YES <input type="checkbox"/> NO <input type="checkbox"/>							



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TRASH SERVICES

How many trash receptacles are on the premises?

How many trash receptacles would you like?

1 2 3

THIRD PARTY CONTACT

REQUIRED: Emergency Contact Information – (not living with you)

Name	Relation	Address	Phone Number

☐ 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 provide the City access to the water meters 24 hours a day 7 days a week for the purpose of reading meters or for any other actions deemed necessary. I/we will ensure all animals are restrained. I/we will ensure meters are accessible and are not covered by vegetation, trash, automobiles or any other item.

☐ 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.

Signature	Date
Signature	Date

FOR UTILITY OFFICE USE ONLY

ACCOUNT NUMBER		SET UP FEE	\$35.00
MULTIPLIER	X	DEPOSIT AMOUNT	\$.00 + 35 =TOT\$

NOTES: _____