

Owner _____ Property Manager/Broker _____ Phone: _____



CITY OF BLOOMFIELD

OWNER/PROPERTY MANAGEMENT/LANDLORD AGREEMENT

Account No.:		Deposit:	
Applicant Name:		Date:	
Mailing Address:			
City:		State:	Zip:
Service Address:			
Own: <input type="checkbox"/> Rent <input type="checkbox"/>		E-Mail Address:	
Home Phone:		Cell Phone:	
Driver's License:	State:	Social Security No.:	
Other I.D.:			Birthdate:
Married: <input type="checkbox"/>		Single: <input type="checkbox"/> Widowed <input type="checkbox"/>	Other:
Current Employer:			Phone:
Address:			
City:		State:	Zip:
Name of Supervisor:			
Co-Applicant:			
Current Employer:			
Address:			
City:		State:	Zip:
Name of Supervisor:			

Do you currently have or have had Utility Service with the City of Bloomfield?		Yes <input type="checkbox"/> No <input type="checkbox"/>
Service Address:		

If Property Manager, List Owner:			
Address:			
City:		State:	Zip:
Telephone No.:	Cell Phone:	E-Mail Address:	

Owner _____ Property Manager/Broker _____ Phone: _____

THIRD PARTY CONTACT:			
Nearest Relative or Friend:			
Address:			
City:		State:	Zip:
Telephone No.:	Cell Phone:	E-Mail Address:	

<p>The undersigned has read and agrees to the following:</p> <ul style="list-style-type: none"> • I agree to provide the City access to water meters Monday through Thursday, 7:00AM to 5:00PM, except holidays, for the purpose of reading the meters or for any other action deemed necessary. • Plants, shrubs, vegetation will be pruned to allow access to meters. • Aggressive animals will be restrained and may not be used as a deterrent for reading and servicing of meters. • Corrals and fencing must be situated and placed so not to impede reading of meters. • Trash, Weeds and Animal Waste will be kept clean of the immediate area of the meter. • Vehicles must not be parked to hamper the reading of meters. • I will advise the Utility Department of changes in my mailing address, phone numbers, and other information related to this application. • I understand that I am responsible for all charges incurred at the specified address while utility services are in my name until such time I have notified the City of Bloomfield Utility Department otherwise. • All accounts are due IN FULL EACH MONTH. • A Penalty will be assessed on unpaid balances. • Disconnection of Service will be executed on delinquent accounts. • A Service Fee, an amount determined by the City, will be charged for tagging due to delinquent accounts, insufficient funds payments, transferring locations and funds balances. • Accounts that are deemed uncollectible are placed with collection agencies

<p><i>I swear and affirm under penalty of perjury that the information I have provided on this form is true and correct. Further, if this information is provided on behalf of another, I agree to act as a Guarantor for any amounts billed and owed on this account.</i></p>			
Applicant Signature:			
Printed:			
Co-Applicant Signature:			
Printed:			
Address:			
City:		State:	Zip:

Owner _____ Property Manager/Broker _____ Phone: _____

LIST OF PROPERTIES

(1)Physical (Service) Address:		
City: BLOOMFIELD	State: NM	Zip: 87413
(2)Physical (Service) Address:		
City: BLOOMFIELD	State: NM	Zip: 87413
(3)Physical (Service) Address:		
City: BLOOMFIELD	State: NM	Zip: 87413
(4)Physical (Service) Address:		
City: BLOOMFIELD	State: NM	Zip: 87413
(5) (Service) Address:		
City: BLOOMFIELD	State: NM	Zip: 87413
(6)Physical (Service) Address:		
City: BLOOMFIELD	State: NM	Zip: 87413
(7)Physical (Service) Address:		
City: BLOOMFIELD	State: NM	Zip: 87413
(8)Physical (Service) Address:		
City: BLOOMFIELD	State: NM	Zip: 87413
(9)Physical (Service) Address:		
City: BLOOMFIELD	State: NM	Zip: 87413
City:	State:	Zip:
(10)Physical (Service) Address:		
City: BLOOMFIELD	State: NM	Zip: 87413

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CITY OF BLOOMFIELD

OWNER RELEASE FOR UTILITIES

ACCOUNT NUMBER:	DATE:	
SERVICE ADDRESS:		
<i>I would like the billing for water, sewer and trash removal for my property at:</i>		
SERVICE ADDRESS:		
To be mailed to :		
Name:		
Mailing Address:		
City:	State:	Zip:
Phone Number:	Cell Number:	
Tenant Occupancy Date:	Previous Tenant's Name:	

By signing this document, I agree that I am the contracting party and I am responsible for these charges should the appointed person/tenant fail to pay.

I understand that the person appointed above may remove their name from this billing by notifying the City of Bloomfield directly.

Owner/Agent Name (Please Print):		
Mailing Address:		
City:	State:	Zip:
Daytime Telephone Number:	()	
Owner's or Agent's Signature:		