



Roswell-nm.gov

Residential Water Service Application

City of Roswell

415 N. Richardson

P.O. Box 1838, Roswell, NM 88202-1838

Name _____ Service Request Date _____

Service Address _____

Billing/Mailing Address _____

(if different from service address)

(City, State and Zip)

Phone Number _____ Work Number _____

Drivers License **State**/Number _____ Exp Date _____ **Verified By** _____

Other Current ID _____ **Verified By** _____

Social Security Number _____ DOB _____ **Verified By** _____

Own/Buying ___ or Renting ___ Landlord Name & Phone Number _____

Employer/Source of Income _____

Spouse Name (if applicable) _____ Phone number _____

Spouse Employer/Source of Income _____ Work number _____

If Relocating: Current Service Address in Roswell _____

Termination Date _____ Location Number _____

In order for water service to be turned on all faucets, washer connections, etc must be turned off.
Water will not be connected if there is an issue within the building. The service personnel are not allowed to go inside homes.

ESignature _____ Date _____

(By signing the application you are responsible for monthly billing until service is officially cancelled. Tenants – Please be aware that owners will be contacted if account becomes delinquent or mail is returned.)

I understand that I will be charged if water has been used prior to checking into water services. _____ Initials

Below Line Office Use Only

Reviewed By _____ Back Charge Date _____

Date _____ Service Start Date _____

Deposit \$ _____ Cash ___ Check# ___ Credit Card ___ Receipt # _____

___ Rental Agreement ___ Closing Disclosure ___ Co Assessor Site ___ Other

Cust# _____ LOC# _____ Cust Name as listed on ID _____