



CITY OF ROSWELL

RESIDENTIAL WATER SERVICE APPLICATION

415 N. Richardson • PO Box 1838 • Roswell, NM 88202-1838

Phone: (575) 624-6711 • ROSWELL-NM.GOV

Approval of form requires authorization of identification by Water Billing staff. Please print form and take to 415 N Richardson Ave.

Name: _____ Service Request Date: _____

Service Address: _____ City/State: _____

Zip Code: _____ Phone: _____ Work Phone: _____ Email: _____

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

Other Current ID: _____ **Verified By:** _____

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

Own/Buying: _____ Renting: _____ Landlord Name/Phone Number: _____

Employer/Source of Income: _____

Spouse Name (if applicable): _____ Phone: _____

Spouse Employer/Source of Income: _____ Work Phone: _____

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 the place of business.

ESignature and Title

Date

Print Name

(By signing the application you are responsible for monthly billing until service is officially canceled. 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

FOR OFFICIAL USE ONLY

Back Charge Date: _____ Reviewed By: _____ Date: _____ Service Start Date: _____

Deposit: _____ \$: _____ Cash: _____ Check: _____ Credit Card: _____ Receipt: _____

Rental Agreement: _____ HUD/Closing Docs: _____ Co Assessor Site: _____ Other: _____

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