



# CITY OF ROSWELL RESIDENTIAL WATER SERVICE APPLICATION

415 N. Richardson • PO Box 1838 • Roswell, NM 88202-1838  
Phone: (575) 624-6711 • ROSWELL-NM.GOV

Name: \_\_\_\_\_ Service Request Date: \_\_\_\_\_

Service Address: \_\_\_\_\_ City/State: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Billing Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Drivers License State/Number: \_\_\_\_\_ Exp Date: \_\_\_\_\_ **Verified By:** \_\_\_\_\_

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

(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

or email form directly to **ROSWATERCS@ROSWELL-NM.GOV** or you can print the form and take it to the Water Billing Department, **415 N Richardson Ave.**

**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: \_\_\_\_\_