TOWN OF CARRIZOZO
REQUEST FOR WATER SERVICE CONNECTION

NAME OF PROPERTY OWNER: _____
(Need copy of deed for proof of ownership) (Rent to own is not considered an ownership)

NAME OF OCCUPANT: _____

SERVICE ADDRESS: _____

OCCUPANT MAILING ADDRESS: _____

_____

DATE OF SERVICE ON: _____

SIGNATURE OF OCCUPANT: _____

DATE: _____

TELEPHONE NUMBER: _____
****

FOR OFFICE USE ONLY

ACCOUNT NUMBER: _____

CONNECT FEE: ____$10.00_____

DEPOSIT: _____ ☐ **OWNER ($100.00)** ☐ **RENTER ($200.00)**

RECEIPT NUMBER: _____