

CITY OF AZTEC

201 W. Chaco St.
Aztec, NM 87410
505-334-7670 Office
505-334-7679 Fax



New Service Application - Commercial

Applicant Information

| | | |
|--|--------------------------|-------------------|
| Account No: | Deposit Amount: \$200.00 | |
| Name of Company: | | |
| Doing Business as: | | |
| Business Phone: | Mobile Phone: | |
| Utility Service Address: | | |
| Mailing Address: | | |
| City: | State: | ZIP Code: |
| Applicant is: | Property Owner | Tenant Contractor |
| Do you have, or have you had utility service with the City of Aztec: | YES | NO |
| If yes, what was the address: | | |
| Nature of Business: | | |
| Does applicant have a current business license with the City of Aztec: | YES | NO |
| If yes, please list City Business License: | | #: _____ |

Type of Ownership

| | |
|---|--|
| <input type="checkbox"/> Individual/Sole Proprietorship | <input type="checkbox"/> Limited Liability Company (LLC) |
| <input type="checkbox"/> Corporation | <input type="checkbox"/> Non-Profit Organization Exempt |
| <input type="checkbox"/> Partnership ___ General or ___ Limited | # _____ |
| <input type="checkbox"/> Other (please list) _____ | |

List Owners, Partners, Corporate Officers, Association Members or Shareholders.

| | |
|-----------------------|---------------|
| Name: | Title: |
| BTIN/FEIN: (required) | |
| Home Address: | |
| Home Phone: | Mobile Phone: |
| | |
| Name: | Title: |
| BTIN/FEIN(required) | |
| Home address: | |
| Home Phone: | Mobile Phone: |

Contact Information (must be local and other than Owner or President)

| | | |
|-------------|---------------|-----------|
| Name: | | |
| Address: | | |
| City: | State: | ZIP Code: |
| Home Phone: | Mobile Phone: | |

Automatic Bank Drafts and Paperless Bills

Would you like to sign up for Automatic Bank Draft to pay your utility bill? **YES** **NO**

We have the capability to email your monthly utility bill, notifications and city-wide alerts and messages to Aztec utility customers. Please provide your email address if you would like to receive your bills and notifications via email

Email address: _____



Go paperless – Check box if you prefer to receive paperless e-bills
Bills will be sent via email only.

The undersigned has read and agrees to the following:

- I/WE agree to provide the city access to the electric and water meters Monday through Thursday, 7:00am to 6:00pm, for the purpose of reading the meters or for any other action deemed necessary. Plants must be kept pruned to allow access to meters.
- I/WE will advise the Utility Department of changes in my mailing address, phone numbers or any changes related to this application.
- I/WE understand that I am responsible for all changes incurred at the specified address while utility services are in my name until which time, I have notified the City of Aztec Utility Department otherwise.
- I/WE hereby apply for service from the City of Aztec consisting of furnishing, electric, and/or water, sewer, and solid waste (unless the City is unable to provide services), and in consideration for furnishing such services, I/WE agree to conform to the rules, regulations, and ordinances established by the City as a condition for use of services and utilities. The City of Aztec has a set policies regarding the handling of utility accounts. This policy is available upon completing a Request to Inspect Public Records.
- I/WE certify that I/WE are authorized to execute this application on behalf of the business.
- The information I have provided in this document is true and correct to the best of my knowledge and further agree to the terms set out above.

| | |
|-------------------------|-------|
| Signature of applicant: | Date: |
| Signature of applicant: | Date: |

FOR UTILITY OFFICE USE ONLY

| DESCRIPTION | DATE | WO# | BY: |
|--------------------|-------------------------|------------|------------|
| _____ ON _____ | _____/_____/_____ | | |
| L.O.C. from _____ | DEPOSIT AMOUNT \$ _____ | | |