



VILLAGE OF CLOUDCROFT
201 BURRO AVE.
P.O. BOX 317
CLOUDCROFT, NM 88317

WATER DEPARTMENT
PHONE: 575-682-2411
FAX: 575-682-2042

APPLICATION FOR BULK WATER ACCOUNT

ACCOUNT # _____

(PLEASE PRINT ALL INFORMATION)

Physical Address: _____

1.

Last Name	First Name	Middle Initial
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2.

Last Name	First Name	Middle Initial
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Mailing Address:

Address	City, State, Zip
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Phone Number: _____

Date Service to Begin: _____

IMPORTANT – PLEASE READ CAREFULLY BEFORE SIGNING:

I understand that the Village may place a lien on each lot or parcel of land for which there are unpaid charges for water collection for more than 30 consecutive days. If I rent this property to others, I will be financially responsible for all utility charges unless I require the tenant to fill out a rental application, assigning such charges to them. Once the tenant vacates the premises, utility charges will once again be assigned to me.

Signed

Date

**REQUIRED DEPOSIT OF \$50.00 FOR ALL BULK WATER ACCOUNTS.
DEPOSIT CAN BE APPLIED TO CHARGES IF ACCOUNT IS EVER CLOSED.**



CUSTOMER INFORMATION

Drivers' License Number: _____ State: _____

Closest Relative NOT living with you – Emergency Contact

Name: _____

Phone Number: _____

Address: _____

City, State, Zip: _____

PASSWORD: _____

(6 to 10 Characters)

PASSWORD SECURITY QUESTION: (Answer one of the following questions)

1. Favorite Pet's Name: _____
2. Name of 1st Grade Teacher: _____
3. Favorite Movie: _____
4. City & State of your birth: _____
5. Favorite Sports Team: _____

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