



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

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

**VILLAGE OF CLOUDCROFT NEW WATER CONNECTION APPLICATION**

(PLEASE PRINT ALL INFORMATION)

Applicants Name: \_\_\_\_\_

Applicants Address: \_\_\_\_\_

Applicants Phone Numbers: \_\_\_\_\_  
Home Cell

Property Owner Name: \_\_\_\_\_

Cloudcroft Property Location: \_\_\_\_\_

Subdivision: \_\_\_\_\_ Block: \_\_\_\_\_

Lot(s): \_\_\_\_\_ Current Zone: \_\_\_\_\_

Type of Building: \_\_\_\_\_ Square Feet: \_\_\_\_\_  
(Commercial, Single Family, Apt., etc.)

I hereby acknowledge that the above information is true and correct. I agree to comply with the state plumbing code and the Village of Cloudcroft code. Connection will conform to the information presented on this application. (The property owner is responsible for installing separate water shut off between meter and building)

\_\_\_\_\_  
Applicants Signature Date

\_\_\_\_\_  
Owners Signature Date

Water Tap Fee \$2,900.00 \_\_\_\_\_ Paid via Check# \_\_\_\_\_ Cash \_\_\_\_\_

Water connection to the Village has been visually inspected and is hereby accepted by the Village of Cloudcroft on this \_\_\_\_\_, day of \_\_\_\_\_, 20\_\_\_\_, by Village of Cloudcroft employee:

(PRINT) \_\_\_\_\_

(SIGNATURE) \_\_\_\_\_

**RECORDED BY THE VILLAGE CLERK:** (PRINT) \_\_\_\_\_

(SIGNATURE) \_\_\_\_\_

**DATE:** \_\_\_\_\_ **BUILDING PERMIT#** \_\_\_\_\_