

Timberon Water & Sanitation District
1 Bobwhite Cir., Ste 1
Timberon, NM 88350

Phone: (575) 987-2250

eMail: billing@timberonwater.com

STANDARD WATER SERVICE AGREEMENT

ACCT# _____

OWNER OCCUPANT (please print) _____

PROPERTY ADDRESS _____ (unit-block-lot) _____

Requests water service at the above-named location. _____ Re-Connect, or _____ New Service Connection on (date) _____

The undersigned herewith tenders the sum of \$75.00 re-connection charge (waived for New Meter Connections), a security deposit of \$130.00, and any outstanding balance on this account.

Total due:

TRANSFER OF SERVICE: (if this is a transfer of service, please indicate what type below)

____ NEW OWNER (this application must include a copy of the Warranty or Quit Claim Deed).

____ RENTER (this application must include the signature of the legal owner)

____ LESSEE: CONTRACT OF SALE / OWNER FINANCE / REAL ESTATE AGREEMENT (this application must include a copy of the Contract, and this application must include the signature and contact information of both parties).

In the case of a RENTER or LESSEE becoming delinquent, both the occupant and the owner/lessor will be notified in writing per TWSD Rules & Regulations 3rd Revised Rule No. 10. In the event of a termination of the Contract (regardless of the cause) any outstanding water charges and or fees are the responsibility of the lessor/owner.

I (as the renter or lessee) do grant my permission for TWSD personnel to notify the owner/lessor of any overdue water charges or fees if and when they become delinquent. (initials) _____.

THE UNDERSIGNED HEREBY GRANTS UNRESTRICTED ACCESS TO THE METER BOX FOR SERVICES AND MONTHLY METER READS.

I agree to pay at such rates as may be established and to receive and use the water subject to the conditions, Rules and Regulations of the District as adopted and such others as the District may adopt.

Signature of Owner / Lessor _____

Signature of Occupant / Renter / Lessee _____

Date signed _____

Date signed _____

Contact & Billing Address of Owner / Lessor:

Contact & Billing Address of Occupant / Renter / Lessee:

Name _____

Name _____

Address _____

Address _____

City, State Zip _____

City, State Zip _____

Phone _____

Phone _____

eMail _____

eMail _____

The Timberon Water & Sanitation District is an equal opportunity employer and agency.

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The following information is requested by the Federal Government in order to monitor compliance with Federal laws prohibiting discrimination against applicants seeking to participate in the program. You are not required to furnish this information but are encouraged to do so. This information will not be used in the evaluation of your application or to discriminate against you in any way. However, if you choose not to furnish it, we are required to note the race/national origin of individual applicants on the basis of visual observation or surname.

Race Categories:

- American Indian/Alaskan Native Asian Black or African American
 Native Hawaiian or Other Pacific Islander White

Ethnicity Categories:

- Hispanic or Latino Not Hispanic or Latino