



VILLAGE OF MAGDALENA

P.O. BOX 145

MAGDALENA, NM 87825

PHONE: 575-854-2261

FAX: 575-854-2273



Service Start Date _____ Time _____ Own _____ Rent _____

Service Address _____

Mailing Address _____

(If different from above)

Applicant

Co-Applicant

Name _____

Name _____

Phone _____

Phone _____

Employer _____

Employer _____

Work Phone _____

Work Phone _____

Drivers License _____

Dirvers License _____

Social Security _____

Social Security _____

Date of Birth _____

Date of Birth _____

Emergency Contact

Name _____

Phone _____

Landlord

Name _____

Phone _____

I understand that all utility services provided by the Village of Magdalena are governed by the Utility Code, and I agree to abide by its regulations. I understand that this application for services constitutes a contract on the part of the Village of Magdalena to furnish utility services and a contract on the part of the Applicant/Co-Applicant to pay stipulated rates and fees for such services along with all applicable construction costs.

Signature _____ Date _____

For Office Use Only

Account # _____

Route # _____

New Connect Disconnect Inside Village Limits Outside Village Limits New Water / Sewer Tap

Water Deposit Amount _____

Receipt # _____

Description	Water Reading	Meter Size
Meter # _____		
Sewer	Yes / No	
Garbage	Bin #:	Transfer Stn Sticker #: