



**REQUEST FOR BEGINNING READING / TRANSFER OF ACCOUNT
 BUSINESS/COMMERCIAL ACCOUNT**

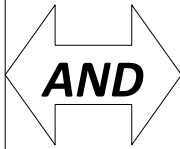
Date of Service: _____ Service Address: _____

REQUIRED DOCUMENTATION:

FEDERAL TAX ID:
 #: _____

OR

NM BUSINESS LICENSE:
 #: _____
 Expiration Date _____



DEPOSIT:

At the time of application for commercial water service, District staff will work with the prospective commercial customer to determine an appropriate deposit amount based on actual or predicted average 2-month use.

Initial deposit amounts will be determined by the General Manager based on (1) two times an average monthly water bill for the customer if historical data are available, (2) two times an average monthly water bill for a similar commercial customer, or (3) a two-month water budget calculation approved by the General Manager.

FOR OFFICIAL USE ONLY:
 Account#: _____ Work Order# _____ Date Entered: _____ By: _____

PROPERTY OWNER'S INFORMATION:	
Business/Entity Name:	Property Owner's Phone #:
Responsible Individual Name/Title:	Property Owner's Cell #:
Owner's Mailing Address:	Property Owner's Email:

TENANT'S INFORMATION (if applicable):	
Business/Entity Name:	
Responsible Individual Name/Title:	Tenant's Phone #:
Tenant's Mailing Address:	Tenant's Cell #:
Tenant's Previous Address:	Tenant's Email:

NOTICE: To ensure timely service, please provide copies of required documents and fill out form completely. Incomplete forms and/or lack of required documents/deposit may result in a delay of water service.

I (*Property Owner*) agree to all terms and affirm that all of the information presented by me and my tenant is complete and accurate to the best of my knowledge.

LEGAL PROPERTY OWNER'S SIGNATURE DATE

I (*the Tenant*) understand that I will be responsible for the water charges at the address as marked on the top of this form.

TENANT'S SIGNATURE (if applicable) DATE

EAWSD REPRESENTATIVE: DATE