



City of Bloomfield  
915 N First Street  
Bloomfield, NM 87413  
(505) 632-6305  
Monday through Thursday  
7:00 am – 5:30 pm

## Landlord / Property Management

☐ Landlord ☐ Property Management

Date \_\_\_\_\_

### BUSINESS INFORMATION

Legal Name of Business or Individual	Trade Name (DBA) of Business		
Physical Address of Business (Not a PO Box)	City	State	Zip
Mailing Address	City	State	Zip
Business Phone Number	Emergency or Cell Phone Number		
Email Address			

### OWNERSHIP INFORMATION

How Many Properties in total:	
How many are Residential:	Commercial:
Deposits are as follows	
1-5 properties: \$200.00	
6-20 properties: \$350.00	
21+ properties: \$500.00	

### LIST OWNERS, PARTNERS, CORPORATE OFFICERS, ASSOCIATION MEMBERS OR SHAREHOLDERS

Name	Title	Contact Phone Number	
Home Address	City	State	Zip
Social Security Number OR ITIN	Email Address		

### MANAGEMENT CONTACT INFORMATION

Name	Title	Contact Phone Number
Email Address		

### BANK DRAFT

Would you like to have your utility payment drafted out of your bank account each month? YES ☐ NO ☐

### PAPERLESS

Check box if you would like to receive paperless e-bills? YES ☐ NO ☐

**GENERAL BUSINESS INFORMATION**

<b>New Mexico Business Tax Identification Number (old CRS)</b>	
<b>Federal Employer Identification Number (EIN)</b>	<b>City of Bloomfield Business License</b>

- ☐ I/we have read and understand the attached general information and I/we agree that if any unpaid or written off utility account(s) are found to be owed by any named individual listed here, those balances must be paid in-full and the deposit collected for the service location will be increased, or service can be refused.
- ☐ I/we agree, in order for the City of Bloomfield to service my/our account or to collect any amounts I/we may owe, the City may contact me/us by telephone at any telephone number associated with my account, including wireless telephone numbers, which could result in charges to me/us. The City may also contact me/us by sending text messages or emails, using any email address provided to the City. Methods of contact may include using pre-recorded or artificial voice messages and/or the use of an automatic dialing device, as applicable. I/we have read this disclosure and agree that the City of Bloomfield may contact me/us as described above.
- ☐ I/we agree to provide the City access to the water meters Monday – Friday 7:00 AM to 6:00 PM for the purpose of reading meters or for any other action deemed necessary. I/we will ensure all animals are restrained. I/we will ensure meters are accessible and are not covered by vegetation, trash, automobiles or any other item.
- ☐ I/we agree to conform to the rules, regulations, and ordinances established by the City as a condition for use of services.
- ☐ I/we agree to advise the Utility Department of changes in mailing address, phone numbers or other changes related to this Agreement immediately.
- ☐ I/we certify that I/we are authorized to execute this agreement on behalf of the business.

<b>Signature</b>	<b>Date</b>

**FOR OFFICIAL USE ONLY**

<b>ACCOUNT NO.</b>	<b>DEPOSIT AMOUNT</b>	<b>CSR</b>	<b>DATE</b>