



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

NEW SERVICE COMMERCIAL AGREEMENT WATER, SEWER, GARBAGE

DATE: _____ ☐ Owner ☐ Tenant ☐ Property Management

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			

ADDRESS TO HAVE SERVICES CONNECTED

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TYPE OF OWNERSHIP

<input type="checkbox"/> Individual/Sole Proprietorship	<input type="checkbox"/> Limited Liability Company (LLC)
<input type="checkbox"/> Corporation	<input type="checkbox"/> Partnership <input type="checkbox"/> General <input type="checkbox"/> Limited (LLP) (LLLP)
<input type="checkbox"/> Non-Profit Organization 501(c)	<input type="checkbox"/> Other –

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 <input type="checkbox"/> NO <input type="checkbox"/>
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PAPERLESS

Check box if you would like to receive paperless e-bills? YES <input type="checkbox"/> NO <input type="checkbox"/>
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TRASH SERVICES				
How many trash receptacles are on the premises?				
What size of trash receptacles are/would you like on the premises?				Size =
How many trash receptacles would you like?				1 2 3
How many days a week would you like your trash receptacle emptied?				1 2 3 4 5

GENERAL BUSINESS INFORMATION	
New Mexico Business Tax Identification Number (old CRS)	
Federal Employer Identification Number (EIN)	City of Bloomfield Business License
Date business activity is to commence	Name of Manager
Nature of Business	
<input type="checkbox"/> Home-based business. Any business which is being conducted from a residence that is clearly incidental to and secondary to the use of the residence as a dwelling unit.	

☐ 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.

Signature	Date
Signature	Date

FOR OFFICIAL USE ONLY

ACCOUNT NO.	NON-REFUNABLE SETUP FEE	DEPOSIT AMOUNT	CSR	DATE
		\$200.00		