

**UTILITY BILLING SIGN UP FORM-CUSTOMER INFORMATION**  
CITY OF ALAMOGORDO, 1376 E 9<sup>TH</sup> ST, ALAMOGORDO, NM 88310 PHONE (575)439-4260 FAX (575)439-4282

NAME \_\_\_\_\_ SERVICE ADDRESS \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

BUYING/OWN  RENTING START DATE \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

HOME/CELL # (\_\_\_\_\_) SOC SEC # \_\_\_\_\_

DRIVER LIC # \_\_\_\_\_ STATE \_\_\_\_\_ BIRTH DATE \_\_\_\_\_

EMPLOYER \_\_\_\_\_ WORK # (\_\_\_\_\_) \_\_\_\_\_

SPOUSE  JOINT INFORMATION:  AND  OR

NAME \_\_\_\_\_ SOC SEC # \_\_\_\_\_

DRIVER LIC # \_\_\_\_\_ STATE \_\_\_\_\_ BIRTH DATE \_\_\_\_\_

EMPLOYER \_\_\_\_\_ WORK # (\_\_\_\_\_) \_\_\_\_\_

**EMERGENCY CONTACT:**

NAME \_\_\_\_\_ PHONE # (\_\_\_\_\_) \_\_\_\_\_

<b>OFFICE USE ONLY</b>	
ACCT #	_____
PREVIOUS ACCT #S	_____
DEPOSIT	_____
APP FEE	_____
TAX	_____
TOTAL PD	_____
BAL DUE	_____
DATE DUE	_____
RECEIPT #	_____
DATE	_____

**\*\*\*\*\*PLEASE BE ADVISED THAT WATER WILL NOT BE TURNED ON UNLESS CUSTOMER IS PRESENT\*\*\*\*\***

SIGNATURE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_