

City/Landlord/Tenant Agreement

**(This form serves as a Landlord waiver of responsibility as stated
in New Mexico State Statues 3-36-1 NMSA 1978)_**

Account # _____ Date: _____
Primary Name: _____ Phone: _____
SSN _____ DOB _____ Msg. Phone: _____
Drivers Lic.# _____ State Issued _____ Work Phone: _____
Secondary Name: _____ Phone: _____
SSN _____ DOB _____ Msg. Phone: _____
Drivers Lic.# _____ State Issued _____ Work Phone: _____

ALL OTHER OCCUPANTS

Name: _____ SSN _____ DOB _____
Relation _____ Mailing Address _____ Work Phone _____
Name: _____ SSN _____ DOB _____
Relation _____ Mailing Address _____ Work Phone _____
Name: _____ SSN _____ DOB _____
Relation _____ Mailing Address _____ Work Phone _____

Service Address: _____

Mailing Address: _____

Type of Service: Rental [] Commercial []

If Rental? Fill Out Next Two Lines

Pre-Cut Off Notification

Property Owners Name: Michael Quintana Phone#: 505-718-9964

Mailing Address: 927 Palo Verde Dr. Las Vegas, NM 87701

Services Information:

Tenant Responsibility: Water [] Gas [] Sewer [] Sanitation []

Owners Responsibility: Water [] Gas [] Sewer [] Sanitation []

Customers Signature: _____ **Date:** _____

Landlords Signature: _____ **Date:** _____

Customer Service Signature: _____ **Date:** _____

Revised on: January 10, 2006