



414 Road 5500
Bloomfield, NM 87413

Acct: _____

Commercial Transfer Application

Revised March 1, 2021

Applicant Name _____
 Federal Employer ID _____
 Mailing Address _____
 City _____ State _____ Zip Code _____
 Billing Phone _____ Service Phone _____
 Service Address _____ Date _____
 Location Sequence No. _____ Transfer Fee _____ Paid _____

I agree to use this service as provided for in the rules and regulations of the association and I understand that if I violate these rules that I may forfeit this membership in the Lee Hammond Water Users Association and can only be reinstated by action of the Board of Directors.

I understand that the Board of Directors must approve this application.

I agree to pay any outstanding balance due to the association related to this water service.

Date

Applicant's Authorized Signature

Title of Authorized Signer

Name of Authorized Signer

The foregoing instrument was acknowledged before this _____ day of _____, _____, by _____.

Notary Public

My Commission expires: _____

The Board of Directors of the Lee Hammond Water Users Association has approved your application for the transfer of this membership.

Officer of the Corporation