

**Quemado Mutual Water & Sewage Works Association**  
**16 3<sup>rd</sup> Street, PO Box 81**  
**Quemado, NM 87829**  
**575-773-4333** [qmwsa@gmail.com](mailto:qmwsa@gmail.com)

Water and Sewer Service Application

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Mailing/Billing Address: \_\_\_\_\_

Telephone: (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_

E-mail: \_\_\_\_\_ Prefer e-mail bill YES NO

Physical Address for Water/Sewer Service: \_\_\_\_\_

Due you (circle) RENT or OWN

If you Rent or Lease: Landlords

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

By submitting this application, I am requesting Water Service and/or Sewer Service. I have received a copy of the "Rules and Regulations of Quemado Mutual Water and Sewage Works Association and understand that I am to comply with the Rules and regulation of the Association.

Applicant's Signature: \_\_\_\_\_

The following information is requested by the Federal Government to monitor compliance with Federal laws prohibiting discrimination against applicants seeking to participate in the program. You are not required to furnish this information but are encouraged to do so. This information will not be used in the evaluation of your application or to discriminate against you in any way. However, if you choose not to furnish it, we are required to note the race/national origin of individual applicants based on visual observation or surname.

**RACE AND ETHNIC ORIGIN:**

Hispanic or Latino \_\_\_\_\_

Not Hispanic or Latino \_\_\_\_\_

American Indian or Alaska Native \_\_\_\_\_

Asian \_\_\_\_\_

Black or African American \_\_\_\_\_

White \_\_\_\_\_

Native Hawaiian or Pacific Islander \_\_\_\_\_

Application received by: \_\_\_\_\_ Date: \_\_\_\_\_

This is an Equal Opportunity Program. Discrimination is prohibited by Federal Law. Complaints of discrimination may be filed with the Secretary of Agriculture, Washington, D.C. 20250