

P.O. Box 736
Estancia, New Mexico 87016
Evsua.com



505-384-4270
505-384-3062 fax
TrashBilling.com

APPLICATION FOR TENANT BILLING

Acct # _____

I, _____, certify that I am the owner of the property described as:

Tax ID # _____

Legal Description: _____

I hereby request that the Estancia Valley Solid Waste Authority mail my quarterly bills for this account to my tenant:

Tenant Name: _____

Mailing Address: _____

I understand that I am responsible for all fees assessed to my account, and that I will be held liable for any fees not paid by my tenant, even though I do not receive a bill.

I understand that collection action, including credit bureau listings and the filing of liens, is the policy of the Estancia Valley Solid Waste Authority, and that these actions are taken against the property owner, not against a tenant. I understand that, prior to filing a lien against my property, the Estancia Valley Solid Waste Authority will notify me by certified mail regarding the impending lien.

Signed:

Property Owner

Printed Name: _____

Mailing Address: _____

Phone: _____

Subscribed, sworn and acknowledged to before me this day, _____.

Notary Public

My Commission Expires: _____

County of Torrance ♦ City of Moriarty
Town of Estancia ♦ Town of Mountainair ♦ Town of Vaughn
Village of Willard ♦ Village of Encino

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