City of Española
Credit Service Deposit Application

405 N. Paseo de Oñate
Española, NM 87532
(505) 747-6045 • (505) 747-6084 fax

Received by: _____

Date: _____

Applicant Information

(1)Applicant Name: _____**MI**. _____ **Last Name**: _____

(2)Spouse/Partner: _____**MI**. _____ **Last Name**: _____

Mailing Address: _____**City**_____ **State** _____ **Zip:** _____

Last physical address _____**City** _____ **State**_____

No. Years _____ **at this address** **Home Phone:** _____ **Cell Phone:**_____

Current physical address _____**City** _____**State**_____

(1)Driver's License No. _____◊ **Date of Birth** _____

(2)Driver's License No. _____◊ **Date of Birth** _____

(1)DL State of issue _____**Exp.**_____◊ **Social Security No.** _____

(2) DL State of issue _____**Exp.**_____◊ **Social Security No.** _____

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(1)Employer _____

(If retired last employer) (If self-employed name of business)

Position_____ **Years** _____ **Months**_____**Work phone**_____

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UTILITY CREDIT REFERENCES: All information provided will be verified. All phone numbers are mandatory.

Company Name: _____**Phone number** _____

Company Name: _____**Phone number** _____

Company Name: _____**Phone number** _____

Company Name: _____**Phone number** _____

Signature

I, hereby certify that the information herewith submitted is true and correct to the best of my knowledge. **I further understand that this application may be delayed in processing or denied if the information provided is incomplete or inaccurate.**

Applicant: _____ Date: _____

Official Use only:

Reviewed by: _____ Rating: _____

Date: _____

CONFIDENTIAL

Form 6-5-08 Note: All information contained herein is confidential and is not for public viewing or access.

This application will be shredded upon completion of Utility Permit process.