PUEBLO OF LAGUNA UTILITY AUTHORITY
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6 ARROWHEAD RD FAX: (505) 552-9958
LAGUNA, NM 87026 WEB: WWW.LAGUNAUA.ORG

APPLICATION FOR PORT-A-POTTY & PORTABLE HANDWASHING STATION SERVICES

A. APPLICANT and BILLING INFORMATION

Applicant Name:			
Company Name (if applicable):			
Email Address:			
Phone Number:		Cellphone:	
Billing Mailing Address:			
Billing City, State & Zip Code:			

B. SERVICE LOCATION / DELIVERY SITE

Service Address or General Location:			
Village:		Name of Homeowner:	

C. PORT-A-POTTY SERVICE REQUEST DETAILS

Service Terms:

□ Monthly □ 1 - 7 Days Delivery Date: _____ Pick Up Date: _____

□ 1 Unit □ 2 Units □ 3 Units □ 4 Units □ 5 Units □ Other _____ Qty

□ Regular Unit _____ Qty □ Handi-cap Unit _____ Qty

Regular cleaning service is bi-weekly, will additional services be needed? □ Yes □ No

If yes, how often? □ Once a week □ Twice a week

Is the unit needed for a construction project? □ Yes □ No

Point of Contact:			
Phone Number:		Cellphone:	

D. PORTABLE HANDWASHING STATION REQUEST DETAILS

Service Terms:

□ Monthly □ 1 - 7 Days Delivery Date: _____ Pick Up Date: _____

□ Single Unit Qty ____ Double Unit Qty ____

Is the unit needed for a construction project? □ Yes □ No

Point of Contact:			
Phone Number:		Cellphone:	

The requested information will be utilized to generate a service contract that will provide terms and conditions for the services requested.

Print Name _____ Signature _____ Date _____