

**PUEBLO OF LAGUNA UTILITY AUTHORITY**

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**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 \_\_\_\_\_       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      Double Unit

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