

PUEBLO OF LAGUNA UTILITY AUTHORITY

PO BOX 208

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LAGUNA, NM 87026

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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 Qty
Regular cleaning service is bi-weekly, will additional services be needed? ☐ Yes ☐ NoIf yes, how often? ☐ Once a week ☐ Twice a weekIs 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