

**PUEBLO OF LAGUNA UTILITY AUTHORITY**

PO BOX 208 PH: (505) 552-9631  
6 ARROWHEAD RD FAX: (505) 552-9958  
LAGUNA, NM 87026 WEB: WWW.LAGUNAUA.ORG

**APPLICATION FOR  
HURBY 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. HURBY 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 cleaning service is weekly, will additional services be needed?

 Yes       NoIf yes, how often?       Twice a week       Three times a weekIs 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