

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