

VILLAGE OF LOGAN

PO BOX 7

LOGAN, NM 88426

PHONE (575) 487-2239

FAX (575) 487-2400

NEW CUSTOMER INFORMATION SHEET

CUSTOMER NAME _____ **DATE** _____

BILLING ADDRESS _____

SERVICE ADDRESS _____

TELEPHONE # _____ **DATE OF BIRTH** _____

SOCIAL SECURITY # _____ **DRIVERS LIC #** _____

EMPLOYER _____ **TELEPHONE #** _____

SECONDARY CUSTOMER NAME _____

TELEPHONE # _____ **DATE OF BIRTH** _____

SOCIAL SECURITY # _____ **DRIVERS LIC #** _____

PREVIOUS ADDRESS _____

HAVE YOU EVER HAD SERVICE WITH THE VILLAGE OF LOGAN IN THE PAST? _____ **IF SO WHEN?** _____

ARE YOU BUYING OR RENTING? _____ **IF RENTING,**

PLEASE GIVE NAME, ADDRESS AND PHONE # OF LANDLORD:

NEAREST RELATIVE NOT LIVING WITH YOU _____

ADDRESS _____ **PHONE #** _____

INFORMATION FOR 911 EMERGENCY SERVICE ONLY:

Please list information for all occupants of household

Occupant Name	Age	Any Medical Condition
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____