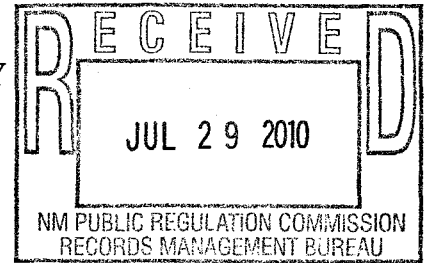


NEW MEXICO WATER SERVICE COMPANY
SEWER

SAMPLE FORMS

TABLE OF CONTENTS



Form No.	Title	
First Revised Form No. 1	Billing Form	X
First Revised Form No. 2	Statement Form	X
First Revised Form No. 3	Application for Service	X
First Revised Form No. 4	Door Hanger	X
First Revised Form No. 5	Late Notice Page 1	X
First Revised Form No. 6	Late Notice Page 2	X
First Revised Form No. 7	Deferred Payment Agreement	X
First Revised Form No. 8	Security Deposit	X
First Revised Form No. 9	Medical Certificate	X
Original Form No. 10	Landlord Reversion	X

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AUG 28 2010

REPLACED BY NMPRC
BY Operation of Law

ADVICE NOTICE NO. 10
NEW MEXICO WATER SERVICE CO.

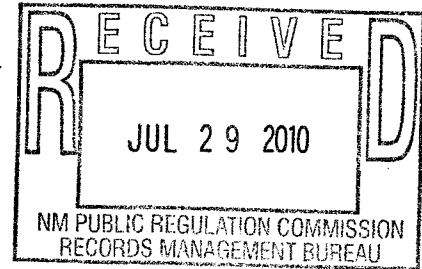
Cynthia Geran

Cynthia Geran, Controller

NEW MEXICO WATER SERVICE COMPANY
SEWER

ADVICE NOTICE

Page 1 of 1



Advice No. 10

Date: July 28, 2010

NEW MEXICO PUBLIC REGULATION COMMISSION

New Mexico Water Service Company hereby gives notice to the public and the Commission of the filing and publishing of the following sample forms, which are attached hereto:

Form No.	Title of Sheet	Canceling Form No.	Date Effective
First Revised Form No. 1	Billing Form	Original Form No. 1	July 1, 2010
First Revised Form No. 2	Statement Form	Original Form No. 2	July 1, 2010
First Revised Form No. 3	Application for Service	Original Form No. 3	July 1, 2010
First Revised Form No. 4	Door Hanger	Original Form No. 4	July 1, 2010
First Revised Form No. 5	Late Notice Page 1	Original Form No. 5	July 1, 2010
First Revised Form No. 6	Late Notice Page 2	Original Form No. 6	July 1, 2010
First Revised Form No. 7	Deferred Payment Agreement	Original Form No. 7	July 1, 2010
First Revised Form No. 8	Security Deposit	Original Form No. 8	July 1, 2010
First Revised Form No. 9	Medical Certificate	Original Form No. 9	July 1, 2010
Original Form No. 10	Landlord Reversion		July 1, 2010

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BY


ADVICE NOTICE NO. 10
NEW MEXICO WATER SERVICE CO.

A handwritten signature in cursive script, appearing to read "Cynthia Geran".

Cynthia Geran, Controller

NEW MEXICO WATER SERVICE COMPANY
SEWER
FIRST REVISED FORM NO. 1
CANCELING ORIGINAL FORM NO. 1
BILLING FORM

2010 JUL 29 AM 11 51

 NEW MEXICO WATER SERVICE COMPANY

Customer Name: _____
Billing Date: _____
Account Number: _____

Local Phone # _____
Local Street Address _____
Local Office City, State _____
Page 1 of 1

Important Customer Messages

Account Summary as of _____
Current Charges - Water: Metered _____
Current Charges - Sewer _____
Subtotal _____
Prior Balance - Past Due _____
Past Due Amount - *Due Now* _____
Current Charges - Due: _____

Service Address: _____ Cust ID: _____

Water Service Detail

Water Usage History

KGAL

Service from _____
service charge _____
KGAL* at \$ _____ KGAL
RFG charge _____
Tax _____
Water Conservation Fee _____
PRC Fee _____ \$

Meter ID	Current Meter Read Date	Current Meter Read Reading	Previous Meter Read Date	Previous Meter Read Reading	Total Usage	Next Scheduled Read Date

KGAL
*1 KGAL is 1000 Gallons

Sewer Service Detail

Sewer Service from _____
Residential sewer svc. charge _____
KGAL* at \$ _____ KGAL
RFG surcredit _____
Tax _____
PRC Fee _____ \$

RETURN THIS PORTION WITH PAYMENT
Please make checks payable to New Mexico Water Service Company

Account Number	Billing Date	Water Service	Sewer Service	Subtotal	Prior Balance	Total Amount Due
		\$	\$	\$	\$	\$

00000000

RETURN ADDRESS:
New Mexico Water Service Company
P.O. Box 245
Elephant Butte, NM 87835-0245

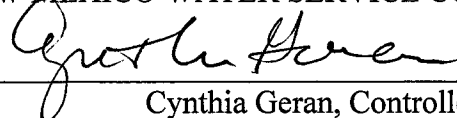
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BY

ADVICE NOTICE NO. 10
NEW MEXICO WATER SERVICE CO.



Cynthia Geran, Controller

NEW MEXICO WATER SERVICE COMPANY
SEWER
ORIGINAL FORM NO. 10

NEW MEXICO
PUBLIC REGULATION
COMMISSION
FILED

LANDLORD REVERSION

2010 JUL 29 AM 11 52

New Mexico Water Service Co. Landlord Reversion Authorization

Landlord reversion means that when a vacating tenant requests that his services with New Mexico Water Service Company (NMWSC) be discontinued, the billing reverts to the landlord's name. This prevents an interruption of service and makes the Landlord responsible for paying water bills between tenants.

To discontinue Landlord Reversion or to change the mailing address for the Landlord, the property owner or manager must notify NMWSC in writing.

Please fill in the information below - to initiate a landlord reversion.

Landlord Information:

Name/Business	_____
Mailing Address	_____
Telephone # ()	_____
SS # (last 4 digits)	_____ Date of Birth _____ or Password _____

Rental Information:

Property Address	_____

I understand, that by requesting "Landlord Reversion" on my rental, I will be responsible for any bills incurred between tenants.

Signature	_____
Name/Title	_____
Date	_____

(NMWSC Office Use - Once completed form is returned, CSR must add a customer contact showing that person has a Landlord Reversion Authorization form on file.
Person's Account ID # _____ Landlord ID # _____)
Rev. 6/1/10

NMWSC Customer Center Contact Information

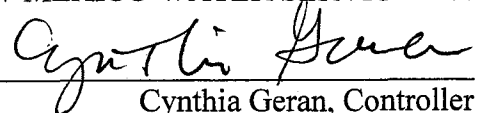
BELEN	ELEPHANT BUTTE	CEDAR CREST
401 Horner Street	419 Warm Springs Blvd.	12216 N. Highway 14, Bldg C, #9
Belen, NM 87002	PO Box 245	PO Box 1515
Phone (505) 864-2218	Elephant Butte, NM 87935	Cedar Crest, NM 87008
Fax (505) 864-8438	Phone (575) 744-5974	Phone & Fax (505) 281-9044
	Fax (575) 744-5972	

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ADVICE NOTICE NO. 10
NEW MEXICO WATER SERVICE CO.


Cynthia Geran, Controller

**NEW MEXICO WATER SERVICE COMPANY
SEWER**

FIRST REVISED FORM NO. 2
CANCELING ORIGINAL FORM NO. 2
STATEMENT FORM

2010 JUL 29 AM 11 52



Statement

New Mexico Water Service Co.
401 Horner Street
Belen, NM 87002
(505) 864-2218

Date _____

Date	Charges & Credits	Balance
	<p style="text-align: center;">Your Check is Your Receipt</p>	

NMWSC Customer Center Contact Information

BELEN
401 Horner Street
Belen, NM 87002
(505) 864-2218

ELEPHANT BUTTE
419 Warm Springs Blvd.
PO Box 245
Elephant Butte, NM 87935
(575) 744-5974


CEGAR CREST
12216 N. Highway 14, Bldg C, #9
PO Box 1515
Cedar Crest, NM 87008
(505) 281-9044

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ADVICE NOTICE NO. 10
NEW MEXICO WATER SERVICE CO.


Cynthia Geran, Controller

**NEW MEXICO WATER SERVICE COMPANY
SEWER
FIRST REVISED FORM NO. 3
CANCELING ORIGINAL FORM NO. 3
APPLICATION FOR SERVICE**

2010 JUL 29 AM 11 52



**NEW MEXICO WATER SERVICE COMPANY
APPLICATION and CONTRACT FOR WATER/SEWER SERVICE**

SERVICE ADDRESS: _____
City _____ County _____ State _____
and/or LEGAL DESCRIPTION OF SERVICE ADDRESS: _____
SUBDIVISION _____ UNIT _____ BLOCK _____ LOT _____

The undersigned, owner or occupant, hereby applies for water/sewer service to the above described property effective on _____ and agrees to pay all charges for service to the above property. It is understood and agreed that a deposit and/or connection fee may be required to be paid upon application. Customers are required to notify the Company in writing, by telephone or verbally of intent to move and/or discontinue water/sewer service. The above application has been read by me and the conditions stated therein accepted.

In accordance with the New Mexico Public Regulation Commission (NMPRC), New Mexico Water Service Company operates and abides by the Rules and Regulations approved by the NMPRC. A copy of the rules and regulations is available for review at the New Mexico Water Service Company office during normal working hours.

Applicant Name _____ Spouse (or Roommate) _____
Phone: (HOME) _____ Phone: (HOME) _____
(CELL) _____ (CELL) _____
(WORK) _____ (WORK) _____
E-mail Address: _____ E-mail Address: _____

An Identifier will be required to access your account and protect your personal information. Please provide one (or more) of the following (i.e. SS# last four digits, birthdate, drivers license or password) for each person to be listed on the account:

<u>Primary Account Holder:</u>	<u>Other Account Holder:</u>
SS# (last 4 digits only) _____	SS# (last 4 digits only) _____
Birthdate _____	Birthdate _____
Password _____	Password _____

Billing Address (if different from Service Address)

Street _____ City _____ State _____ Zip _____

Rent / Own (please circle one). If renting, please provide landlord information:

Name _____	Address _____	City _____	State _____	Zip _____	Phone Number _____
------------	---------------	------------	-------------	-----------	--------------------

In case of emergency (water line break, etc), please notify person listed below:
(Family member not living in the home, Neighbor, Friend, or Employer)

Name _____	Address _____	City _____	State _____	Zip _____	Phone Number _____
------------	---------------	------------	-------------	-----------	--------------------

Customer Signature _____ Date _____ Employee Signature _____ Date _____

Office Use Only

Route Number _____ Account Number _____ Date Installed _____

Meter Number _____ Reading _____ Serviceman _____

NMWSC Customer Center Contact Information

BELEN 401 Horner Street Belen, NM 87002 (505) 864-2218	ELEPHANT BUTTE 419 Warm Springs Blvd. PO Box 245 Elephant Butte, NM 87935 (575) 744-5974	CEDAR CREST 12216 N. Highway 14, Bldg C, #9 PO Box 1515 Cedar Crest, NM 87008 (505) 281-9044
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ADVICE NOTICE NO. 10
NEW MEXICO WATER SERVICE CO.

Cynthia Geran
Cynthia Geran, Controller

NEW MEXICO WATER SERVICE COMPANY
SEWER

FIRST REVISED FORM NO. 4
CANCELING ORIGINAL FORM NO. 4
DOOR HANGER

NEW MEXICO
PUBLIC REGULATION
COMMISSION
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2010 JUL 29 AM 11 52



New Mexico Water
Service Company

Water System Name
Local Office Address
Local Office City, State
Local Office Phone
Local Office Hours

Name/Location _____

Acct # _____

This notice has been left by your serviceman for the
following reason (please call for further information):

WATER SERVICE

____ Customer unknown. Please come to the Customer
Center within three (3) days to sign service
application to prevent discontinuance of service.
For further information, please call number above.

____ Service interruption due to repairs.

____ Service (will be) (has been) discontinued for
delinquent payment. Please call Customer Center
at above number for further information. Re-
connection will be performed on the day of
payment providing payment is received by 2 p.m.
Reconnection for payment received after 2 p.m.
will be performed the following business day.

Remarks: _____

Date _____

Serviceman _____

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AUG 28 2010

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BY Operation of Law

ADVICE NOTICE NO. 10
NEW MEXICO WATER SERVICE CO.

A handwritten signature in dark ink, appearing to read "Cynthia Geran".
Cynthia Geran, Controller

NEW MEXICO WATER SERVICE COMPANY

SEWER

FIRST REVISED FORM NO. 5
CANCELING ORIGINAL FORM NO. 5
LATE NOTICE PAGE 1

NEW MEXICO
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COMMISSION
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2010 JUL 29 AM 11 52

QUESTIONS? CONTACT US AT (PREGUNTAS? COMUNIQUESE CON NOSOTROS EN): [District Street Address] [District City, State, Zip] [District Phone] [District Business Hours]	BILLING NAME (NOMBRE QUE APARECE EN LA FACTURA): [Customer Name] ACCOUNT NUMBER (NÚMERO DE CUENTA): [Customer Account Number] SERVICE ADDRESS (DIRECCIÓN DEL SERVICIO): [Customer Service Address]	MAILED ON (ENVIADO POR CORREO EL): [Mailing Date]
---	--	---

Dear XXX:

According to our records, your water and wastewater bill is past due. Please pay your balance of \$X at our office no later than 2 p.m. on [date] to avoid disconnection. If you cannot pay your bill in full, please contact us to set up a payment plan.

Please note that if your service is discontinued for non-payment, in addition to your balance, a reconnection fee of \$XX will be required to restore service. If we receive your payment prior to 2 p.m., we will restore your service the same day; if we receive it after 2 p.m., we will restore your service the following business day.

We will attempt to notify you two days prior to disconnecting service. We hope you will remit payment or contact us to make payment arrangements in order to avoid disconnection and reconnection fees.

Thank you for your attention to this matter.

Please see back of this notice for additional important information.

Sincerely,
New Mexico Water Service Company

Estimado(a) XXX:

Según nuestros registros, su cuenta de agua y aguas residuales está vencida. Sírvase pagar su saldo de \$X en nuestras oficinas a más tardar el [date] antes de las 2 p.m. para evitar la desconexión. Si no puede pagar el total de su cuenta, comuníquese con nosotros para establecer un plan de pago.

Tenga presente que si su servicio es interrumpido por falta de pago, además de su saldo, deberá pagar un cargo de reconexión de \$XX para restaurar el servicio. Si recibimos su pago antes de las 2 p.m., restauraremos el servicio el mismo día; si lo recibimos después de las 2 p.m., restauraremos el servicio el siguiente día hábil.

Trataremos de notificarle dos días antes de desconectar el servicio. Esperamos que envíe su pago o que se comunique con nosotros para hacer arreglos de pago de manera de evitar la desconexión y los cargos de reconexión.

Le agradecemos su atención a este asunto.

Vea por favor atrás de esta nota para información importante adicional.

Atentamente,
New Mexico Water Service Company

Account Number	Amount Due	Mailing Date
[Customer Account Number]	\$	[Mailing Date]

[Customer Name]
[Mailing Address]
[City, State, Zip]

[Mailing Bar Code]

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AUG 28 2010

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Operation of Law

ADVICE NOTICE NO. 10
NEW MEXICO WATER SERVICE CO.


Cynthia Geran, Controller

NEW MEXICO WATER SERVICE COMPANY
SEWER
FIRST REVISED FORM NO. 6
CANCELING ORIGINAL FORM NO. 6
LATE NOTICE PAGE 2

If you receive public assistance, please call your case worker immediately. Also, if there is a third party (relative, friend, agency) that will help you pay your bill and you want us to notify them when disconnect notices are sent, please let us know.

We will not discontinue service if there are life-threatening conditions at your residence or you or a family member has a serious or chronic illness. In order for you to qualify, your physician, physician assistant, osteopathic physician, osteopathic physician assistant, or nurse practitioner must complete, sign, and submit to us a medical certificate, available at our office, at least two days prior to the scheduled termination date. If service is discontinued, we will restore it within 12 hours of receiving a completed medical certificate.

If you have questions or concerns about your bill, please contact one of our customer service representatives. If you dispute a portion of your bill, please pay the undisputed portion to avoid disconnection until the dispute is resolved. If after contacting us you disagree with our determination, you have the right to file a complaint with the New Mexico Public Regulation Commission at P.O. Box 1269, Santa Fe, NM, 87504-1269, telephone 505-827-6940 or 888-427-5772.

Si usted recibe asistencia pública, sírvase llamar a su trabajador(a) social de inmediato. Asimismo, si algún tercero (familiar, amigo, agencia) le ayuda a pagar su cuenta y usted desea que le notifiquemos a esa persona o agencia cuando enviemos avisos de desconexión, háganoslo saber.

El servicio no será interrumpido si hay condiciones que ponen en peligro la vida en su residencia, o si usted o un familiar tiene una enfermedad grave o crónica. Para que usted califique, su médico, asistente médico, médico osteópata, asistente del osteópata, o enfermera titulada, deberán llenar, firmar y enviarnos un certificado médico, disponible en nuestras oficinas, al menos dos días antes de la fecha de terminación programada. Si su servicio es interrumpido, lo restauraremos en las 12 horas siguientes al recibo de un certificado médico debidamente llenado.

Si tiene alguna pregunta o inquietud sobre su cuenta, hable con uno de nuestros representantes de servicio al cliente. Si está en desacuerdo con una parte de su cuenta, sírvase pagar la parte que no está en disputa para evitar la desconexión, hasta que dicha disputa se resuelva. Si después de comunicarse con nosotros usted está en desacuerdo con nuestra decisión, tiene el derecho de presentar una queja a la Comisión de Regulación Pública de Nuevo México, P.O. Box 1269, Santa Fe, NM, 87504-1269, teléfono 505-827-6940 o 888-427-5772.

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BY Operation of Law

ADVICE NOTICE NO. 10
NEW MEXICO WATER SERVICE CO.

Cynthia Geran
Cynthia Geran, Controller

NEW MEXICO WATER SERVICE COMPANY
SEWER
FIRST REVISED FORM NO. 7
CANCELING ORIGINAL FORM NO. 7
DEFERRED PAYMENT AGREEMENT

NEW MEXICO
PUBLIC REGULATION
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2010 JUL 29 AM 11 52



NEW MEXICO WATER SERVICE COMPANY
Deferred Payment Agreement

It is agreed by the parties listed below that the following deferred payment agreement has been entered into on your account. This account will be paid as follows:

Amount Deferred	\$
Number of Installments	
Monthly Installment Payment	\$
Due Date of 1 st Installment Payment	

All subsequent payments must be in our office BEFORE the _____ of each month and must include payment of the current water and/or sewer and applicable taxes. Each monthly bill will reflect a contract amount due until all payments have been made.

The following contract agreement is to be signed by you immediately upon receipt and returned to New Mexico Water Service Company. You may retain a copy for your records. If the signed contract is not returned immediately, then the full contract amount will be due.

I, _____ do agree to the stipulations set forth in the above contract agreement. I understand that if I do not abide by the terms and conditions of this contract, the AGREEMENT shall be null and void. The total amount will then be due IMMEDIATELY and discontinuance of water and/or sewer service can be enacted.

SIGNED

Customer DATE _____

New Mexico Water Service Company DATE _____

Original: New Mexico Water Service Company
Copy: Customer

FOR OFFICE USE ONLY:

ACCOUNT NUMBER: _____

ACCOUNT NAME: _____

NMWSC Customer Center Contact Information

BELEN
401 Horner Street
Belen, NM 87002
Phone (505) 884-2218
Fax (505) 884-8438

ELEPHANT BUTTE
419 Warm Springs Blvd.
PO Box 245
Elephant Butte, NM 87935
Phone (575) 744-5974
Fax (575) 744-5972

CEDAR CREST
12216 N. Highway 14, Bldg C, #9
PO Box 1515
Cedar Crest, NM 87008
Phone & Fax (505) 281-9044

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AUG 28 2010

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Operation of Law

ADVICE NOTICE NO. 10
NEW MEXICO WATER SERVICE CO.

Cynthia Geran
Cynthia Geran, Controller

NEW MEXICO WATER SERVICE COMPANY
SEWER
FIRST REVISED FORM NO. 8
CANCELING ORIGINAL FORM NO. 8
SECURITY DEPOSIT

2010 JUL 29 AM 11 52



NEW MEXICO WATER SERVICE CO.
SECURITY DEPOSIT
(Not Transferable)

Customer Name _____
Account _____
Service Address _____
Billing Address _____
Amount Received \$ _____ Date _____

The above amount is received of the above customer as a continuing guarantee to secure payments of all amounts due this Company.

TERMS OF THIS SECURITY DEPOSIT ARE AS FOLLOWS:

- Deposit amount bears interest at the statutory rate of interest per annum.
- Deposit amount for Residential customers is not to exceed 1/6 of estimated or actual annual billing.
- Deposit will be promptly refunded or credit when:
 - Account has not been chronically delinquent for a 12-month period.
 - Account is voluntarily disconnected at the customer's request.
- Refund will be only to Customer's name shown above.

Customer Signature _____
Employee Signature _____

NMWSC Customer Center Contact Information

BELEN
401 Horner Street
Belen, NM 87002
(505) 864-2218

ELEPHANT BUTTE
419 Warm Springs Blvd.
PO Box 245
Elephant Butte, NM 87935
(575) 744-5974

CEDAR CREST
12216 N. Highway 14, Bldg C, #9
PO Box 1515
Cedar Crest, NM 87008
(505) 281-9044

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Operation of Law

BY _____

ADVICE NOTICE NO. 10
NEW MEXICO WATER SERVICE CO.

Cynthia Geran
Cynthia Geran, Controller

NEW MEXICO WATER SERVICE COMPANY
SEWER
FIRST REVISED FORM NO. 9
CANCELING ORIGINAL FORM NO. 9
MEDICAL CERTIFICATE

NEW MEXICO
PUBLIC REGULATION
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2010 JUL 29 AM 11 52

MEDICAL CERTIFICATE

YOUR RIGHTS ESTABLISHED BY THE PUBLIC REGULATION COMMISSION ARE SHOWN ON THE
FINAL NOTICE AND THE ATTACHMENT TO THE FINAL NOTICE.

SUS DERECHOS ESTABLECIDOS POR LA COMISION DE REGULACION PUBLICA SE DEMUESTRAN
EN EL AVISO FINAL Y LA LISTA ACOMPAÑANDO EL AVISO FINAL

CUSTOMER CERTIFICATION	
I, _____, hereby state that I am responsible for payment of the water/sewer bill for	
service at _____	in _____
and that I do not have the financial resources to pay the bill.	
Signature: _____	Date: _____

MEDICAL CERTIFICATION	
I, _____, am a physican, physican assistant, osteopathic physicia, osteopathic	
physician assistant, or nurse practitioner and I hereby certify that discontinuance of water/sewer service	
at the residence of _____	who resides
at _____	in _____
might endanger his/her life.	
Signature: _____	Date: _____

PLEASE NOTE: CONTINUANCE OF WATER/SEWER SERVICE UNDER THE ABOVE PROCEDURES
DOES NOT RELIEVE YOU OR YOUR OBLIGATION TO PAY THE BILL.

CERTIFICADO DEL CLIENTE	
Yo, _____, aqui indico que soy responsable de hacer page por mi cuenta de	
servicio del agua/drenage en _____	en _____
y que no tengo recursos financieros para pagar la cuenta.	
Firma: _____	Fecha: _____

CERTIFICACION MEDICA	
Yo, _____, soy un medico, medico asistente, ostipatico, ostiopatico asistente,	
o enfermera practica y aqui certifico que este tipo de discontinuacion de servicio en la residencia de	
_____	que vive en _____
en _____	puede poner en peligro la vida de la persona enferma.
Firma: _____	Fecha: _____

FAVOR DE NOTAR: CONTINUACION DE SERVICIO DEL AGUA/DRENAGE EN CUANTO A ESTE
PROCEDIMIENTO NO LO ALIVIA DE SU DEBER A PAGAR ESTA CUENTA.

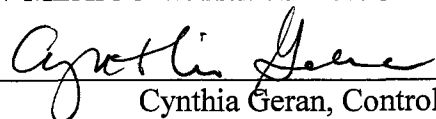
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Operation of Law

BY _____

ADVICE NOTICE NO. 10
NEW MEXICO WATER SERVICE CO.


Cynthia Geran, Controller