		Santa Fe ng Division		
	Multi-Family Classification Rate Application			City Use Only
				Verified
1.	Complex Name or Property Owner			
2.	Authorized Contact Person			
3.	Mailing Address			
4.	Contact Phone Number (s)			
5.	Service Address(es) (Attach separate pages for additional addresses)			
	(Allach separate pages for additional addresses)			
6.	Number of Dwelling Units			
7.	Number of Dwelling/Businesses Combinations (Identify business names/license numbers on			
_	separate page)			
8.	Number of Irrigation Meters			
9.	Are any of the dwelling units currently being used for transient lodging (hotel, motel, B&B)?	Yes	No	
	I hereby apply to change the service addresses listed		-	

and agree to the conditions presented on the reverse of this application. I swear or affirm under under penalties provided by law that I am the legal representative for these properties and that the Information presented by me on this application is true and correct.

Signed:			Date:		
City Use Only					
Application:	Approved 🛛	Denied 🛛	Reason if Denied:		
			Date:		
By:			Date:		