



City of Santa Fe

PO BOX 909 - SANTA FE, NM 87504-0909

CUSTOMER SERVICE (505) 955-4333/FAX (505) 955-4363

utilitycustomerservice@santafenm.gov



Owner's Name: _____ Service Address: _____

Mailing Address: _____ Phone #: _____

Email: _____ Account # _____

I, _____, that as Owner Representative for Owner

Hereby certify that the property located at _____ will be vacant at least three months during the period from _____ to _____.

The expected date of Re-occupancy is _____.

I am requesting that

Water be turned off (please contact customer service for turn on)

Water will be left on and 500 gallons or less will be used monthly

- I am aware that the residential credit will not be applied until this application has been verified and approved.
- No retroactive credit shall be applied for a period of vacancy prior to the City's approval of the application.
- **Credit shall not be given for a vacancy that has monthly consumption more 500 gallons.**
- Credit shall begin the first day of the month following receipt of the application, as stated in City Ordinance 15.1.5 E.
- The owner of the property may request suspension of the monthly refuse and recycling service charge ONLY by submitting this application.

I acknowledge and agree to the above terms and I warrant the truthfulness of the information provided.

Name

Date



Please press the submit button once you have completed the form.
This will e-mail it to the appropriate office.

CITY USE ONLY

EXEMPTION DATES: Jul. Aug. Sept. Oct. Nov. Dec. _____ Jan. Feb. Mar. Apr. May. Jun. _____

ACCOUNT # _____ CREDIT AMT: _____ RECEIPT # _____ DATE _____