RECEIVED BY:	
DATE ENTERED:	/



Capacity Fee +GRT Applied \$\_\_\_\_\_

Deposit Amount Received \$

## CITY OF ELEPHANT BUTTE P.O. BOX 1080 ELEPHANT BUTTE, NM 87935 WATER SERVICE AGREEMENT FOR PROPERTY OWNER

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Administration Fee +GRT \$

Date Deposit Refunded \_\_\_\_/\_\_\_/\_