

CITY OF CARLSBAD

P.O. Box 1569
Carlsbad, NM 88221-1569

Phone Number: 575-887-1191

Fax Number: 575-885-2657

REQUEST FOR OUTSTANDING WATER, SEWER & GARBAGE BILLINGS

DATE: _____

REQUESTOR INFORMATION

REQUESTED BY: _____

Company Name: _____

Phone Number: _____ *Fax Number:* _____

Address: _____

Service Address: _____ *Account Number* _____

Legal Description: (if lien if filed) _____

Type of Lien: _____

Lien filed in Book: _____ *Page:* _____ *Date Lien Filed:* _____

Name Lien filed in: _____

Amount of Lien: _____

Interest Amount: _____ *Pay off amount through:* _____

Outstanding Amount: _____ *Account Number:* _____

Outstanding Amount: _____ *Account Number:* _____

Outstanding Amount: _____ *Account Number:* _____

Notations: _____

Request filled by: _____ *Date* _____
(City of Carlsbad Representative)

Request Faxed

Request Mailed/Emailed

Request Picked Up