LAND USE PERMIT

San Juan County, Colorado

Applicant:	George W. Riley III	Permit No.
Address:	#5 Road 5221	
City and Sta	^{ate:} Bloomfield, NM 87413	Telephone: 505-320-1145
	****	****

Description of Use:

The construction of services/utilities to support the eventual construction of a four bedroom single-family residence, detached storage building, and power for seasonal recreational vehicle use. These include:

- 1. Water well and all necessary components (Lot 2)
- 2. Onsite sewage treatment system (Lot 2)
- 3. Site access driveways (Lot 2)
- 4. Electric service (Lot 2 & Lot 4)

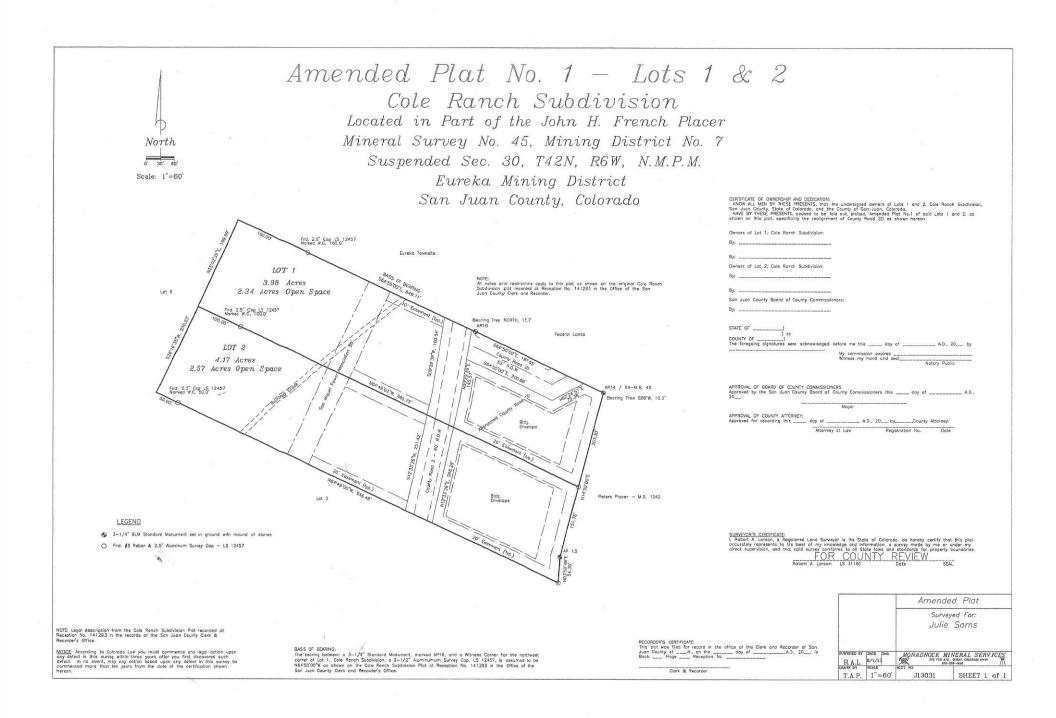
Dates and Times of Use:
year-round
Location of Use:
4728 CR 2, Silverton, CO 81433, Lot 2 and Lot 4, Cole Ranch Subdivision, located in part of the John H. French
Placer, Mineral Survey No. 45, Mining District No. 7, Suspended Sec. 30, T42N, R6W, N.M.P.M Eureka Mining
District, San Juan County, CO, recorded reception # 141293, August 8, 2001. PIN #: 47730300052000

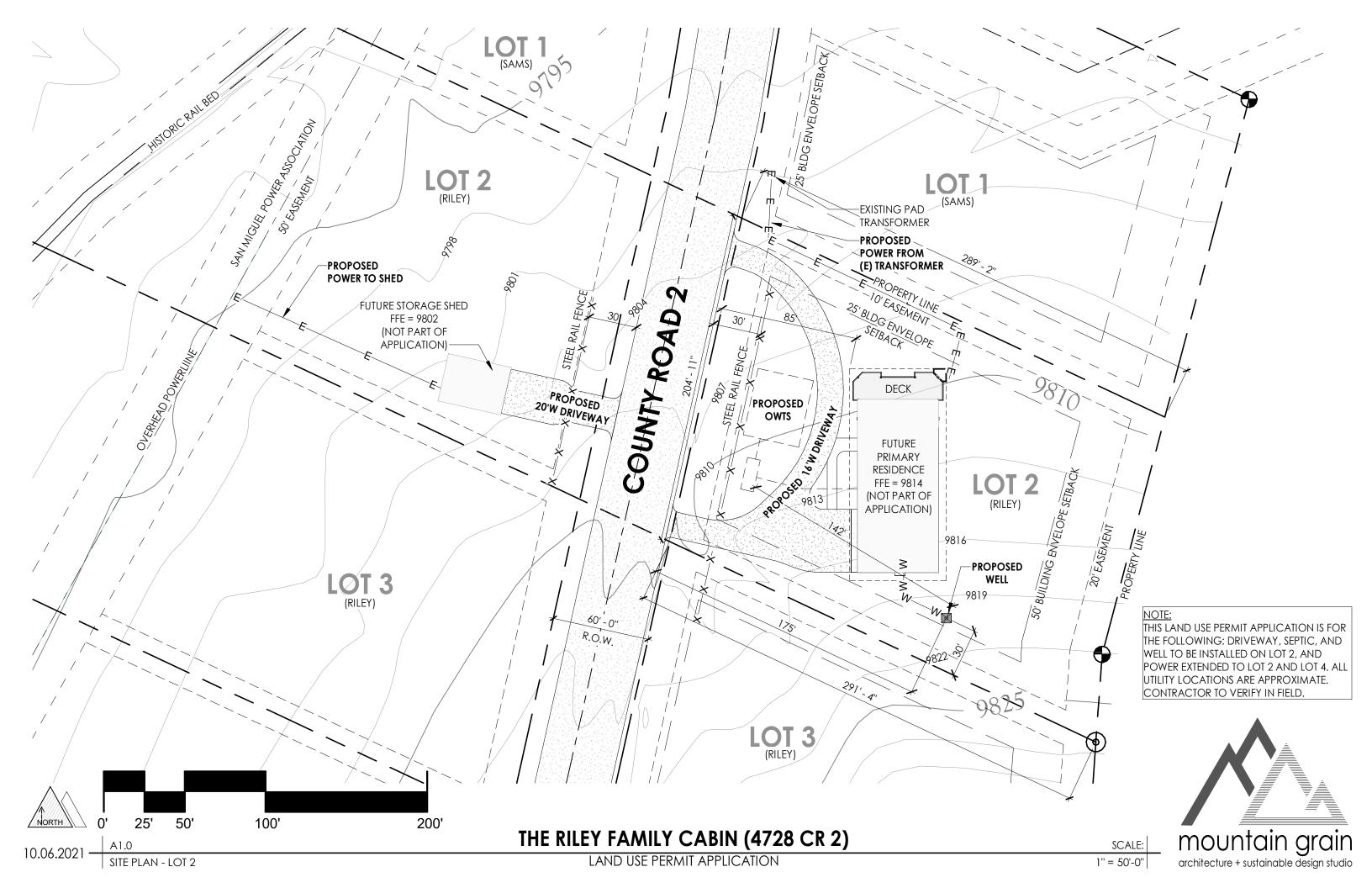
Areas of Concern: Applicant should provide attachments for each relevant area

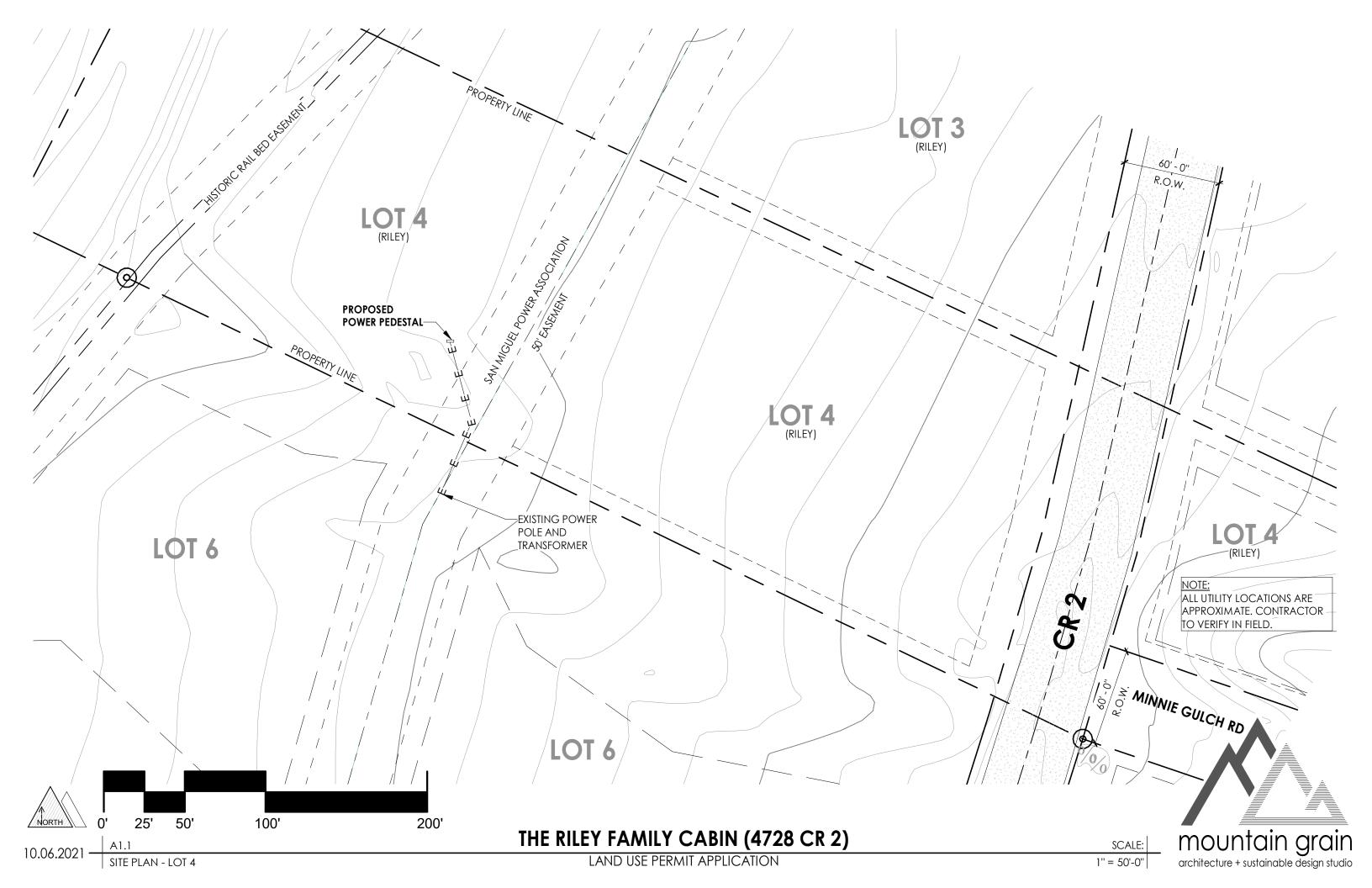
Areas of Concern:Applicant should provide attachments for each relevant areaLand Use Administrator will initial approval if appropriate

Property Ownership	Permission of Property Owner
Vicinity Map	Plans and Drawings
Natural Hazards	Zoning Compatibility
Sanitation	Environmental Impacts
Building Permit	Federal and /or State Permits
Security	Emergency Services
Parking	insurance Coverage
Clean Up	County Road Impact
Other	Other

Date Application Submitted:	10/07/2021	By (signature):
Date Permit Issued:		By (signature):
Conditions		·
Acceptance of Conditions:		By (signature):









COLORADO

Division of Water Resources

Department of Natural Resources

WELL PERMIT NUMBER 323100-

RECEIPT NUMBER 10014092

ORIGINAL PERMIT APPLICANT(S)

GEORGE W RILEY III

APPROVED WELL LOCATION

Water Division: 7	Water District:	30	
Designated Basin:	N/A		
Management District:	N/A		
County:	SAN JUAN		
Parcel Name:	COLE RANCH		
Lot: 2		Block:	Filing:
Physical Address:	N/A		
SW 1/4 SE 1/4 Section P.M.	n 30 Township 42	2.0 N Range	6.0 W New Mexico

Well to be constructed on specified tract of land

PERMIT TO CONSTRUCT A NEW WELL

ISSUANCE OF THIS PERMIT DOES NOT CONFER A WATER RIGHT CONDITIONS OF APPROVAL

- This well shall be used in such a way as to cause no material injury to existing water rights. The issuance of this permit does not 1) ensure that no injury will occur to another vested water right or preclude another owner of a vested water right from seeking relief in a civil court action.
- The construction of this well shall be in compliance with the Water Well Construction Rules 2 CCR 402-2, unless approval of a 2) variance has been granted by the State Board of Examiners of Water Well Construction and Pump Installation Contractors in accordance with Rule 18.

3) Approved pursuant to CRS 37-92-602(3)(b)(I).

- 4) The use of groundwater from this well is limited to fire protection and ordinary household purposes inside not more than one single family dwelling. This well is to be located on lot 2, Cole Ranch Subdivision, San Juan County.
- 5) The pumping rate of this well shall not exceed 15 GPM.
- Pursuant to Rule 6.2.3 of the Water Well Construction Rules, the well construction contractor shall submit the as-built well 6) location on work reports required by Rule 17.1 within 60 days of completion of the well. The measured location must be accurate to 200 feet of the actual location. The location information must include a GPS location (UTM coordinates) pursuant to the Division of Water Resources' guidelines.
- ADVANCE NOTICE REQUIRED Pursuant to Construction Rule 6.2.2.1 (2 CCR 402-2), licensed or private drillers and pump 7) installers must provide advance notification (by 11:59 pm the day before) to the State Engineer prior to each of the following for this well: the start of well construction, the initial installation of the first permanent pump, and the initial installation of a cistern connected to the water well supply system. Any change in the date of construction/installation must be re-noticed prior to the activity (by 11:59 pm the day before). Information regarding the notification process and a link to the electronic notification form can be found on the Division of Water Resources website at dwr.colorado.gov

NOTE: This permit will expire on the expiration date unless the well is constructed by that date. A Well Construction and Yield Estimate Report (GWS-31) must be submitted to the Division of Water Resources to verify the well has been constructed. An extension of the expiration date may be available. Contact the DWR for additional information or refer to the extension request form (GWS-64) available at: dwr.colorado.gov

Teff Titus		Date Issued:	8/2/2021
Issued By	JEFF TITUS	Expiration Date:	8/2/2023

SAN JUAN BASIN **public health**

Permit # _____

Year _____

APPLICATION to Construct, Alter, or Repair an On-site Wastewater Treatment System

Owner: George W Riley III		Phone: (505) 320-1145				
Site address: 4728 County Ro	ad 2, Silverton, CO 814	33				
			Cole Ranch	_Lot#: 2		
Assessor's parcel # <u>47730300</u> Lot size: <u>4.17</u> (acres) # of	Dwellings: 1	# of Bedroom	is: 4	Water supply: Well		
<u>I acknowledge</u> : (1) This application permit issued; (2) The issuance of OWTS; (3) The OWTS must be Regulations; and (4) The owner of Date: 10/05/21 Or Owner's mailing address: # Owner's email address: geor	of the OWTS permit does constructed in accordan f the property assumes th wner's signature:	not imply any water with the San	arranty by San J Juan Basin Pub	uan Basin Public Health as lic Health On-site Wastew	to the operation of the vater Treatment System	
[DEPARTMENT USE O	NLY]					
Permit fee: \$ Pay	yment type:	Rec'd	by:	D	ate:	
Site Evaluation LTAR:						
PERMIT to						
Septic tank(s): Soil treatment area:		(gal/day) Distribution	Gravity or Pressure	siphon pump	
Design Specifications	and comments.					

Authorization to begin Construction

Permit must be signed by EHS <u>BEFORE</u> construction begins

	Environmental Health Specialist	Date	
Final Inspection	The above system has been inspected and found to comply with the above requirements.		

System Installed by (name, company, phone)

Environmental Health Specialist

Date

System Designed by (name, company, phone)

Form revised 2/7/2017

BOARD OF COUNTY COMMISSIONERS San Juan County

P.O. Box 466

Silverton, Colorado 81433

970-387-5671

RELATIONSHIP OF PROPERTY TO COUNTY ROAD AND STATE HIGHWAY SYSTEMS

I, the undersigned, applicant engaged in the processing of Application for Improvement Permit No. ______, San Juan County, Colorado, do hereby acknowledge the following facts:

- 1. The real property' which is the subject of said application is on this date located approximately <u>zero feet</u> from County Road No. 2, the nearest designated and publicly maintained county road.
- 2. Said County Road No. 2 is on this date maintained on an basis by San Juan County.
- 3. The real property which is the subject of said application is on this date located approximately 71/2 miles from Colorado State Highway No. 550 , the nearest designated state or federal highway.
- 4. Said Colorado State Highway No. <u>550</u> is on this date maintained on a year-round basis by either San Juan County or the Colorado Division of Highways.
- 5. A Driveway Permit will be necessary for any private access or egress relating to said real property which intersects any designated Colorado State Highway or Federal Highway.

Signed	and	dated	this	5th	day	day	of	October	_′	2021 year	_•
ATTEST:								Berge Wile Applican	J		

Position:

SAN JUAN COUNTY, COLORADO

DRIVEWAY AND ROAD ACCESS PERMIT

Improvement Permit No.

Applicant: George W. Riley III

5 Road 5221

Bloomfield, NM 87413

Location of Proposed Driveway or Access on County Road No. 2 : The proposed driveway will be located on the east side of County Road 2 just north of Minnie Gulch.

Description of Proposed Driveway or Access, including materials to be used: The proposed driveway will serve the residence located on the east side of County Road 2.

The driveway will be approximately 16 feet wide, semi-circular in shape with two driveway access points

off County Road 2. It will consist of native gravel soils and have a culvert at both driveway entrances.

Comment and Recommendations of County Road Supervisor:

Terms and Conditions of Issuance of Permit (or reason for denial):

 Permit Approved _____ or Denied _____.
 Date: ______

 Land Use Administrator:
 Date: ______

SAN JUAN COUNTY, COLORADO

DRIVEWAY AND ROAD ACCESS PERMIT

Improvement Permit No.

Applicant: George W. Riley III

5 Road 5221

Bloomfield, NM 87413

Location of Proposed Driveway or Access on County Road No. 2 : The proposed driveway will be located on the west side of County Road 2 just north of Minnie Gulch.

Description of Proposed Driveway or Access, including materials to be used: The proposed driveway will serve the storage shed located on the west side of County Road 2.

The driveway will be approximately 20 feet wide, consist of native gravel soils, and a proposed culvert.

Comment and Recommendations of County Road Supervisor:

Terms and Conditions of Issuance of Permit (or reason for denial):

Permit Approved	or Denied	_•	Date:
Land Use Administrator	:		

SAN MIGUEL POWER ASSOCIATION, INC. NEW CONSTRUCTION/UPGRADE ENGINEERING REQUEST ALL Bids are required. The completed form must be returned to SMPA federe an estimate to be provided SMPA'S Construction handbook can be viewed at www.smpa.com - Account Services SECTION 1: CONTACT INFORMATION - Party Responsible for Estimate PAYMENT NAME S.R. TUVEST NoteS. LLC DATE: CONTACT INFORMATION - Party Responsible for Estimate PAYMENT NAME S.R. TUVEST NoteS. LLC DATE: CONTACT INFORMATION - Party Responsible for Estimate PAYMENT NAME S.R. TUVEST NoteS. LLC DATE: CONTACT INFORMATION S.R. TUVEST NoteS. LLC DATE: CONTACT INFORMATION S.R. TUVEST NoteS. LLC DATE: CONTACT INFORMATION DEVELOPMENT SCIENCE FOR DATE: CONTACT INFORMATION DEVELOPMENT SCIENCE FOR DATE: CONTACT INFORMATION DIFE NAMERROPERTY OWNER USING CONTACT INFORMATION - CHECK APPLICABLE SERVICE DEED SERVICE UPGRADE _ RELOCATE FACILITIES _OTHER								
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	l		IN THE BACK OF THIS FORM					

SECTION 6: APPLICATION AND MEMBERSHIP - Billing Account Set Up						
This section MUST be filled out for New Sevio			on Inactive Accounts			
	GANIZATION NAME :	inp opgiadoo				
_INDIVIDUAL _ORGANIZATION 58	Investments	LLC.				
MAILING ADDRESS \$ 5 Road 5001	Bloom field	NM 874	112			
IF PRIMARY CONTACT IS A ORGANIZATION :			SPOUSE OR CO-APPLICANT:			
BUSINESS REP Some	OWNER		1			
E-MAIL ADDRESS:	+1. com		•			
PHONE NUMBERS: HOME	BUSINESS	MOBILE	FAX			
X	_X	202-390	-1145 X			
	DRIVER'S LICENSE:	47	STATE: NM			
	GANIZATION NAME :					
INDIVIDUALORGANIZATION						
DATE OF BIRTH:	DRIVER'S LICENSE:		STATE:			
PHONE NUMBERS: HOME	BUSINESS	MOBILE	FAX			
E-MAIL ADDRESS:						
The Applicant(s) agree to be responsible for the electric charge	es at the location designated	d below until such tim	ne that the Applicant(s) request in			
writing a discontinuance of service. It is agreed that all bills will	I be paid by the appropriate	due date and failure	to do so may result in discontinuance			
of service. This application for electrical service shall constitute	e a service contract betweer	the Applicant(s) and	the Association. The Applicant(s)			
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use of electric service shall constitute a service contract just as	though the application wer	e signed. Applicant(s) agree to pay court costs, reasonable			
attorney's fees, and all collection costs if in default of this agre	ement. Applicant(s) agree th	hat a facsimile of the	original will be considered as valid as			
the original. The Consumer assumes all responsibility on the Co	onsumer's side of the point	of delivery for service	e supplied or taken, as well as for the			
electrical installation and appliances used in connection with s	uch service and will indemn	ify, save harmless an	d defend the Association against all			
claims, demands, cost or expense, for loss, damage to or injury						
growing out of, the transmission or use of electric service, by t						
Association is not liable for any damage to the Consumer's ele-						
	SIGNAT		-			
SERVICE START DATE:	SIGNAT		Le orge WRitey			
10/31/21			(All applicants must sign)			
SIGNATURE:	SIGNAT	URE:				
(All applicants must sign)			(All applicants must sign)			
If you would like to have your monthly bill automatically paid by either a Bank Draft or Credit Card Draft please contact your local office for details.						
If you would like to have your monthly bill automatically p	aid by either a Bank Dran	t or Credit Card Dra	an please contact your local onice for details.			
All new accounts are autom						
Green Centis	n Cents Roundup prograi	m and/or to opt out	of this program please contact our office.			
N N N N N N N N N N N N N N N N N N N						
MAILING OPTIONS : MAIL E-MAIL FAX	0.40.#	FOR	R SMPA USE ONLY			
SAN MIGUEL POWER ASSN.	SVO #		FEES: ATC			
ATTN: TAMMI MAGALLON			FR			
PO Box 817 Nucla, Co 81424	CUSTOMER #		XFMR			
planning@smpa.com	SERVICE INFORMATION		CONNECT			
PH 970-864-7311 x116 FAX 970- 864-7984			DEPOSIT			
Office Hrs: Mon - Thurs 7 AM - 5:30 PM	This ins	stitution is an equ	al opportunity provider and employer.			

UPDATED JULY 2021

Nucla Office P.O. Box 817 Nucla, CO 81424 (970) 864-7311



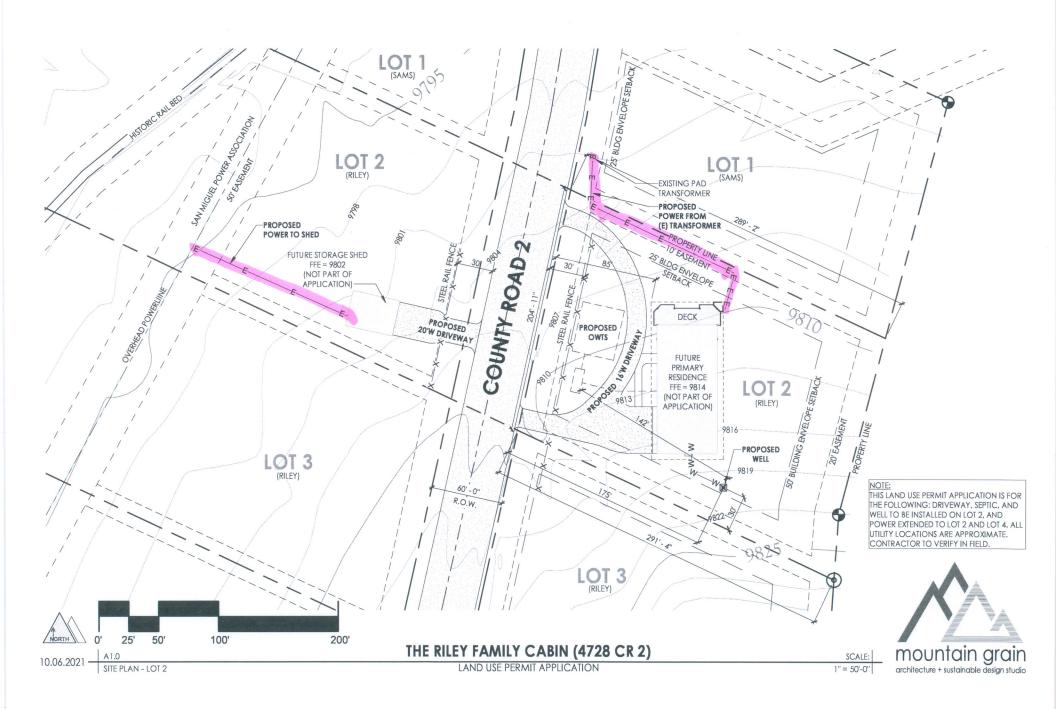
Ridgway Office P.O. Box 1150 Ridgway, CO 81432 (970) 626-5549

Office Hours: 7:00AM to 5:30PM, Monday thru Thursday

APPLICATION FOR ELECTRIC SERVICE AND MEMBERSHIP

PLEASE PROVIDE THE FOLLOWING INFORMATION.	(PLEASE PRINT)
FLEASE FROMIDE THE FOLLOWING INFORMATION.	(FLEMSE FRINT)

APPLICANT NAME (S): SR Tourst makes (S): SR Tourst	(As you wish it to appear on t CRAFGE WRITES SAME NM 010586747 Bloomfredd City	NM State	87413	
AND BUSINESS REPRESENTATIVE NAME:	SAME NM 010586747 Bloomfreld		87413	
APPLICANT (S) Date Of Birth and/or DRIVERS LICENSE NUMBER:	NM 010586747 Bloomfredo		87413	
MAILING ADDRESS: #S Romp 5221 Street or PO BOX	Bloomfreld City		87413	
Street or PO BOX	City		87413	
PHONE #'S:	ark 1		Zin	
	prk l	202-330-	1145	
EMAIL: <u>georger 2 rileyipoust</u>	DAI. Com	Other		
SERVICE ADDRESS: 4728 County Ro 2	Silvertai	6)	01433	
Street or PO BOX	City	State	Zip	
ARE YOU PURCHASING THIS PROPERTY? (λ YES () NO				
NOTE: Are you applying for service at a location that has an existing solar net me	eter system? ()Yes 💢 No If y	ves, additional paperwork is	needed.	
IF RENTING, PROPERTY OWNER'S NAME:		PHONE #:		
original will be considered as valid as the original. The Consumer as service supplied or taken, as well as for the electrical installation an harmless and defend the Association against all claims, demands, comment directly or indirectly connected with, or growing out of, the Consumer's side of the point of delivery. San Miguel Power Associal REQUEST DATE FOR SERVICE	nd appliances used in connection wi ost or expense, for loss, damage to e transmission or use of electric servi	th such service and will or injury to persons or p vice, by the Consumer, a the Consumer's electron RE	indemnify, save property, in any at or on the	
If you would like to have your monthly bill automatically paid by either a Bank Draft or Credit Card Draft please contact your local office for details. All new accounts are automatically enrolled in SMPA'SGreen Cents Roundup Program. For information on the Green Cents Roundup program and/or to opt out of this program please contact our office.				
PLEASE RETURN APPLICATION TO:	<u>memberservice@smpa.com</u> OR			
P.O. BOX 817, NUCLA, CO 81424, FAX (970)-864-7984 OR P.O. BOX 1150, RIDGWAY, CO 81432, FAX (970)-626-5688				
	opportunity provider and employer			
FOR SMPA USE ONLY CONNECT FEE: DEPOSIT FEE:	CUSTOMER #:	ACCT #	:	
NOTES:				



SAN MIGUEL POWER ASSOCIATION, INC.				
NEW CONSTRUCTION/UPGRAD				
ALL fields are required. The completed form must be return				
SMPA's Construction handbook can be viewed				
SECTION 1: CONTACT INFORMATION - Party Responsible for E				
NAME	DATE			
5 R INVESTMENTS UC	1017121			
MAILING ADDRESS <u>5 ROAD 5721</u> Bloomfield NM HOME CELL FAX	BIUS			
	geotoe ta riley industrial, com			
HOME CELL FAX	SEND ESTIMATE BY:MAILFAX			
CONTRACTOR W Liky	CONTACT PERSON/PHONE NO.			
Buena Vista Builders	Bob Smith 970-749-8838			
ELECTRICIAN	CONTACT PERSON/PHONE NO.			
CT Electric	Chris BArger 970-560-7268			
SECTION 2: SITE INFORMATION SITE NAME/PROPERTY OWNER	LOT/BLOCK/PARCEL NO.			
SITE NAME/PROPERTY OWNER Cesar WRIKYTTS AND ANA LOWISE Riley Renocable T SITE ADDRESS/LOCATION 4644 County Rod (Lot4)	itust Lat4			
SITE ADDRESS/LOCATION 4644 County 202 (Cot4)	CITY Silveton San Susp			
DEVELOPMENT TYPE: MODULAR HOMEMOBILE HOMEOTHER(DE	UMAPARTMENT BLDGURBAN			
MODULAR HOMEMOBILE HOMEOTHER(DE	SCRIBE) KU HOOKURX X XRURAL			
LEGAL DESCRIPTION TOWNSHIP	ON 30 SUBDIVISION Cale Rouch			
Has there ever been service to the property ?YES _XNO				
SECTION 3: PROJECT INFORMATION - CHECK APPLICABLE				
SERVICE REQUESTING XNEW SERVICESERVICE UPGRADE				
	DESCRIBE			
SERVICE SIZE:	DENTIALCOMMERCIALIRRIGATION			
	ERGROUND OVERHEAD BOTH			
LOAD INFORMATION: 200 AMPS400 AMPSOTHER AMPS				
SQ.FOOTAGE IF PROJECT IS A NEW BUILD:	GASELECTRICOTHER			
DESPRIPTION OF PROJECT: Please include any additional loads (On Demand Water	Heaters, Car Chargers, etc.)			
Install Electric on property for 2 RV (110 wold) hookups				
SECTION 4 : METER INFORMATION -				
REMINDER To Check Construction Temp if you are going to n				
*METER NUMBER OR ACCOUNT NUMBER If this is an ACTIVE account	NAME ON ACTIVE BILLING ACCOUNT			
SECTION 5 : AUTHORIZATION OF REQUEST				
This request is an official notice to SMPA, INC to begin all the needed steps to provide you with electrical service. If any of the				
above information is changed you may be responsible for additional charges related to engineering, construction, or other				
aspects of providing service. Any costs associated with relocating facilities will be charged to the active account listed on this				
form. If there is a lack of progress or inactivity on your project and this proj				
responsible for paying SMPA actual costs incurred up to the time of cancella PRINT AUTHORIZED NAME AUTHORIZED SIGNATURE	IDATE			
	10/7/21			
Utorge Whiley Deotpe	willing I I I I			
PLEASE CONTINUE TO SECTION 5 OF	N THE BACK OF THIS FORM			

JNIINUE

SECTION 6: APPLICATION AND MEMBER	SHIP - Billing Account Set Up			
This section MUST be filled out for New Sevices - Construction Temp - Upgrades on Inactive Accounts				
	GANIZATION NAME :			
	Envestments LLC.			
MAILING ADDRESS # S RD S221 Blog	m Field NM 87413			
IF PRIMARY CONTACT IS A ORGANIZATION :		SPOUSE OR CO-APPLICANT:		
Cronge Wiley				
BUSINESS REP Some	OWNER			
E-MAIL ADDRESS: georgerariley 12 Dustria). com			
PHONE NUMBERS: HOME	BUSINESS MOBILE	FAX		
X	X 505-320-	1145 X		
DATE OF BIRTH:	DRIVER'S LICENSE:	STATE:		
	010586747 GANIZATION NAME :	NM		
ADDITIONAL CONTACT: NAME OR ORG	SANIZATION NAME .			
INDIVIDUALORGANIZATION				
DATE OF BIRTH:	DRIVER'S LICENSE:	STATE:		
PHONE NUMBERS: HOME	BUSINESS MOBILE	FAX		
		PL, see		
E-MAIL ADDRESS:				
The Applicant(s) agree to be responsible for the electric charge	es at the location designated below until such tin	ne that the Applicant(s) request in		
writing a discontinuance of service. It is agreed that all bills will				
of service. This application for electrical service shall constitute				
agree to be bound by the Rules and Regulations of the Associa				
use of electric service shall constitute a service contract just as				
attorney's fees, and all collection costs if in default of this agre				
the original. The Consumer assumes all responsibility on the Co				
electrical installation and appliances used in connection with s				
claims, demands, cost or expense, for loss, damage to or injury				
growing out of, the transmission or use of electric service, by t	he Consumer, at or on the Consumer's side of th	e point of delivery. San Miguel Power		
Association is not liable for any damage to the Consumer's ele	ctronic equipment. Point of Use surge protection	n should be installed to protect these		
SERVICE START DATE:	SIGNATURE:			
10/31/21))e	(All applicants must sign)		
		(All applicants nust sign)		
SIGNATURE:	SIGNATURE:			
(All applicants must sign)		(All applicants must sign)		
If you would like to have your monthly bill automatically p	aid by either a Bank Draft or Credit Card Dra	aft please contact your local office for details.		
All new accounts are automatically enrolled in SMPA'S Green Cents Roundup Program.				
For information on the Green Cents Roundup program and/or to opt out of this program please contact our office.				
greencents	······································			
MAILING OPTIONS : MAIL E-MAIL FAX	FOF	R SMPA USE ONLY		
SAN MIGUEL POWER ASSN.	SVO#	FEES: ATC		
ATTN: TAMMI MAGALLON		FR		
	CUSTOMER #	XFMR		
PO Box 817 Nucla, Co 81424		CONNECT		
planning@smpa.com	SERVICE INFORMATION			
PH 970-864-7311 x116 FAX 970- 864-7984		DEPOSIT		
Office Hrs: Mon - Thurs 7 AM - 5:30 PM	This institution is an equal opportunity provider and employer.			

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Nucla Office P.O. Box 817 Nucla, CO 81424 (970) 864-7311



Ridgway Office P.O. Box 1150 Ridgway, CO 81432 (970) 626-5549

Office Hours: 7:00AM to 5:30PM, Monday thru Thursday

APPLICATION FOR ELECTRIC SERVICE AND MEMBERSHIP

PLEASE PROVIDE THE FOLLOWING INFORMATION. (PLEASE PRINT)

IA you with it as agreer on the account of the second of the approximation of the approximat	APPLICANT NAME (S): 5 R INVESTMENTS LLC				
AND BUSINESS REPRESENTATIVE NAME: APPLICANTS (S) Date Of Birth and/or DRIVERS LICENSE NUMBER: MUNICADDRESS: Street or PD BOX Street or PD BOX Cry Street Cry Street or PD BOX Cry Street Cry Street or PD BOX Cry Street Cry Street or PD BOX Cry Street Cry	(As you wish it to appear on the account)				
APPUCANT (5) Date of Birth and/or DRIVERS UCENSE NUMBER: DM 010586/4/1 MAILING ADDRESS: <u>Street or PO BOX</u> Street or PO BOX EVALUATION CONTRACT OF DRIVERS UCENSE NUMBER: <u>Non-Olossed Controls</u> PHONE #'S: <u>Non-Olossed Controls</u> EMAIL: <u>Street or PO BOX</u> EXAMPLE ADDRESS: <u>Non-Olossed Controls</u> Street or PO BOX EXAMPLE ADDRESS: <u>Non-Olossed Controls</u> Street or PO BOX EXAMPLE ADDRESS: <u>Street or PO BOX</u> EXAMPLE ADDRESS TO THE ADDRESS EXAMPLE ADDRESS TO THE ADDRESS TO THE ADDRESS TO THE ADDRESS TO THE ADDRESS EXAMPLE ADDRESS TO THE AD					
MAILING ADDRESS: Struct or PO BOX Bloom Hills Differ PHONE #'S:					
PHONE #'S:	APPLICANT (S) Date Of Birth and/or DRIVERS LICENSE NUMBER: NM 010586747				
PHONE #'S:	MAILING ADDRESS: #5 Romo 5221 BloomTiclo NM	87413			
EMAIL:	PHONE #'S: X 505-320-11	4S			
SERVICE ADDRESS:	EMAIL: ACOLOGET a Tiley is DUSTTIAL. Com				
Street or P BOX City State Zp ARE YOU PURCHASING THIS PROPERTY? VYES [] NO MOTE: Are you applying for service at a location that has an existing solar net meter system? [] Yes Vies If yes, additional paperwork is needed. IF RENTING, PROPERTY OWNER'S NAME:		81433			
NOTE: Are you applying for service at a location that has an existing solar net meter system? [Yes Wing [PHONE #] [PHONE #] IRENTING, PROPERTY OWNER'S NAME:					
IF RENTING, PROPERTY OWNER'S NAME:	ARE YOU PURCHASING THIS PROPERTY? 🛛 🕅 YES () NO				
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FOR SMPA USE ONLY	P.U. BUA 1130, RIVGWAT, CU 81432, FAA [970]-020-3000				
CONNECTTE. CONTINUER. ACCT					
NOTES:					

Form Revised Jul, 2020

