## **REQUEST FOR PRO-RATA ASSESSEMENT FORM**

(date)			
Albuquerque Bernalillo Cou P.O. Box 568 Albuquerque, NM 87103	nty Water Au	thority (ABCWUA)	
Project No Project Name			
assessment.	CWUA infras	HORITY ENGINEER tructure extensions that qua /UA infrastructure extension	•
TO BE COMPLETED BY Delease check appropriate by assessment:  I request that there be no properties.	ox below if Al <u>o</u> pro-rata ge		
	•	and Uniform Property Code operties to be assessed sha	•
			UPC#
APPROVED BY:		DEVELOPER:	
		BY: NAME/TITLE:	
Water Authority Engineer	Date	SIGNATURE:	
		ADDRESS:(who the check is sent to if pro-ra	ata is generated)
		PHONE #:	
		Federal ID #:	pro-rata)

<sup>\*</sup>It is the responsibility of the Developer to keep ABCWUA apprised of updated contact information for proper payment of Pro Rata.