

**FIGURE 21  
PRO-RATA ASSESEMENT**

\_\_\_\_\_  
(date)

Albuquerque Bernalillo County Water Authority (ABCWUA)  
P.O. Box 1293  
Albuquerque, NM 87103

ATTN.: Project Administrator

Reference our Infrastructure Improvements Project for Water and/or Sewer Extensions

In \_\_\_\_\_, Project No. \_\_\_\_\_.  
(Subdivision)

Please check appropriate box below:

I request that there be no pro-rata generated on this Contract.

I request that the cost of the extensions in Project No. \_\_\_\_\_ be pro-rated to the following adjacent benefiting properties. Listed below are the Legal Descriptions.

	UPC #
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

REVIEWED BY: \_\_\_\_\_  
\_\_\_\_\_  
Date

DEVELOPER: \_\_\_\_\_  
BY: NAME/TITLE: \_\_\_\_\_  
SIGNATURE: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
(To whom the check is sent if pro-rata is generated)

APPROVED BY: \_\_\_\_\_  
\_\_\_\_\_  
ABCWUA Date

\_\_\_\_\_  
PHONE #: \_\_\_\_\_  
Federal ID #: \_\_\_\_\_  
(only required if requesting pro-rata)

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