



FAX COMPLETED FORM TO
Attn:Utility Billing Dept @ 376-1551

* INDICATES FOR OFFICE USE ONLY
QUESTIONS CALL 376-1520 OR 376-1521

CITY OF OWASSO CONTRACT FOR RESIDENTIAL SERVICE

*Route #		*Account #		*Receipt #		Date:	
*Location#		*Read Date		*Initials			
Bill To Name				# In Household			
Service Address				Effective Date of Service			
Mailing Address							
City		State			Zip		
Home #		Cell Phone #		Date of Birth			
Occupation		SS# or Fed ID#		Drivers License #			
Employer Name				Department			
Employer Address				Employer Phone #			
Spouse or Co-Occupant		Relationship		Date of Birth			
Occupation		SS# or Fed ID#		Drivers License #			
Employer Name				Department			
Employer Address				Employer Phone #			
Previous Address				City		State	
Emergency Contact					Relationship		
Emergency Contact Address					Phone #		
Have you ever had service with the City of Owasso? No Yes When?							
If Yes, please list address							
Name of Property Owner/Landlord							
Address					Phone #		
Is there currently a Green Trash Cart on property?				Yes	No	Unknown	
Is there currently a Red Yard Waste Cart on property?				Yes	No	Unknown	
<p>The above responsible party agrees to pay the established rates set forth by the City of Owasso ordinances and agrees to regulations governing said service. This application becomes a contract upon the establishment of service.</p> <p>Customer understands interest received by O.P.W.A. on this deposit of \$50.00 will be retained by O.P.W.A. to defray the cost of maintenance, repair and depreciation of water meters. Deposit shall be refunded upon termination of service after deduction there from, if any, for unpaid charges for water, sewer, or refuse service.</p> <p>Disclosure of your social security number is voluntary. Under Act 10, Sec. 17, Oklahoma Constitution, this City is required to collect all fees and charges for utility services provided to its customers.</p>							

Credit Card Billing Information for \$50.00 Utility Deposit

Visa Master Card

____/____/____-____/____/____-____/____/____-____/____/____

EXP. DATE	SECURITY CODE
_____	_____

PRINT NAME AS IT APPEARS ON CARD

SIGNATURE