



COMMERCIAL UTILITY SERVICE APPLICATION

For Office Use Only: RT # _____ Account # _____

Service Requested Date: _____/_____/_____

...removing

Business Name: _____

obstacles

Service Address: _____

City _____ State _____ Zip _____

standing

Mailing Address (if different): _____

City _____ State _____ Zip _____

in the way

Corporation: _____ Partnership _____ Sole Proprietor: _____

of people

Name of Person(s) with authority to sign or terminate business on your behalf:

celebrating

State Sales Tax # Issued by the Oklahoma Tax Commission: _____

their lives.

Business Phone #: (_____) _____ - _____

Cell Phone #: (_____) _____ - _____

Alternate Phone # (_____) _____ - _____

Work Phone # (_____) _____ - _____

E- Mail Address: _____

Name of Personal Guarantor: _____

Guarantor (s) Address: _____

City _____ State _____ Zip _____

Guarantor Phone #: (_____) _____ - _____

The above responsible party agrees to pay the established rates set for by the City of Owasso ordinances and agrees to regulations governing said service. This application becomes a contract upon the establishment of service.

Customer understands interest received by OPWA on this deposit of \$50 will be retained by the OPWA to defray 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.

Customer
Signature _____ Date _____