



UTILITY SERVICE APPLICATION

For Office Use Only: RT # _____ Account # _____

Service Requested Date: _____/_____/_____

...removing

Service Address: _____

City _____ State _____ Zip _____

obstacles

Mailing Address (if different): _____

City _____ State _____ Zip _____

standing

First Name: _____

Middle Initial: _____

in the way

Last Name: _____

Date of Birth: _____/_____/_____

of people

Drivers License #: _____ - _____ - _____

Number Living in Home: _____

celebrating

Day Time Phone #: (____) _____ - _____

Cell Phone #: (____) _____ - _____

their lives.

Evening Phone # (____) _____ - _____

Work Phone # (____) _____ - _____

E- Mail Address: _____

Employer: _____

If Renting – Copy of Lease Required Before Service Can Be Established

Landlord Name: _____

Landlord Phone #: (____) _____ - _____

Additional Information:

Name of Spouse: _____

Roommates: _____

Previous Address: _____

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 _____