

Okemah Utilities Authority Residential Service Application
(Must be 18 years of age or older)
Applicant must respond to all inquiries

Account # _____ Deposit # _____ Amount \$ _____ Date _____

Name of Responsible Party _____ SS # _____

Service Address _____ Dr. Lic.# _____

Mailing Address _____ Telephone # _____

Occupation _____ DOB _____

Employer _____ Telephone # _____

Address _____ City _____ State _____ Zip _____

Other Income if not employed _____

Form of Personal Identification for Photocopy Purposes _____

Prior Address _____ City _____ State _____ Zip _____

Personal Reference _____ Relationship _____

Address _____ City _____ State _____ Zip _____

Telephone # of Reference _____

Spouse/Co-Occupant Name _____ Relationship _____

DOB _____ SS# _____ Dr. Lic.# _____

Employer _____ Telephone # _____

Address _____ City _____ State _____ Zip _____

Name of Property Owner _____ Telephone # _____

Property Owner Address _____

Proof of Occupancy or Ownership _____

Under Article 10, Section 17 of the Oklahoma Constitution, this city is required to collect all fees and charges for utility services provided to its customers.

Have you ever had service with the Okemah Utilities Authority? Yes _____ No _____ When _____

At what Address(es):

The above described property (service location) where utility service is being requested will be inspected in order to confirm that there are no existing Okemah City Code Violations or other existing problems that will prevent water and sewer service being established.

When signed by the applicant and/or property owner and a representative of the Okemah Utilities Authority, this application becomes a contract between the Okemah Utilities Authority and the individual application for sewer, water and trash service within the City of Okemah under the terms set forth herein.

Okemah Utilities Authority Representative _____ Date _____

ALL SPACES MUST BE COMPLETED BEFORE APPLICATION IS PROCESSED

The undersigned understands that any false information provided on this form could result in service being discontinued and fines levied against the applicant. Further, the undersigned agrees to pay the established rates set forth by the Okemah Utilities Authority and agrees to abide by all Okemah city Ordinances and Okemah Utility Authority Resolutions governing said service.

Applicant _____ Date _____

Signature

Authorized Agent _____ Date _____

Signature

OFFICE USE ONLY – APPLICATION

Previous Occupant _____

Last date of service _____ Last Meter Reading _____

OFFICE USE ONLY – ACCOUNT CLOSURE

Date Account was closed out _____ Date deposit was applied or refunded _____

Amount of Deposit Applied _____ Amount of Deposit Refunded _____

Remaining Balance _____ Check # for refund _____