

DATE: _____ ACCOUNT NUMBER: _____ DEPOSIT AMOUNT: _____

**TOWN OF MOUNDS
CONTRACT FOR UTILITY SERVICE**

Residential Business Name: _____

IF BUSINESS: Responsible Person and Guarantor: _____

DOB: _____ SS Number: _____ DL Number: _____ Telephone: _____

Previous Address: _____

Service Address: _____

Mailing Address: _____

IF RENTING: Landlord: _____

Telephone: _____ Own Rent House Apartment Mobile Home

Employer: _____ How Long: _____

Address: _____ Telephone: _____

Source of Income If Not Employed: _____

Spouse/Co-Occupant: _____ Relationship: _____

DOB: _____ SS Number: _____ DL Number: _____

Employer: _____ How Long: _____

Address: _____ Telephone: _____

PERSONAL REFERENCES:

1. Name: _____ Telephone: _____

Address: _____

2. Name: _____ Telephone: _____

Address: _____

Have you ever had service with the Town of Mounds? Yes No

If so, what address? _____ Date: _____

The undersigned agrees to pay the established rates as set forth by the Town of Mounds ordinances and agrees to regulations governing said service. Multiple connections are prohibited and declared a public offense. Service will be disconnected and a significant penalty assessed for violation. **This application becomes a contract upon the establishment of service.**

I understand that it is unlawful to adjust, connect, disconnect, destroy or in any way tamper with a water meter, meter box, or any part of the sewer system, or to do any act or use any contrivance to prevent or affect correct and proper functioning of the sewer system. By submittal of this application, the Town of Mounds, Oklahoma, is authorized to complete any credit investigation necessary on any of the applicants listed above for credit evaluation and the processing of the application. By accepting services, I agree to be responsible for payment for all charges incurred and authorize application of any deposit on file to be applied to any amount outstanding. For any business account, the individual guarantor listed above, and signing below, agrees to be responsible for the full amount owed. I have read and fully understand the foregoing condition and agree to abide by the terms thereof.

APPLICANT SIGNATURE: _____ DATE: _____

AUTHORIZED AGENT SIGNATURE: _____ DATE: _____