

CONTRACT FOR SERVICE WITH THE CITY OF HOLDENVILLE

DATE _____ PHONE _____

WATER CERTIFICATE # _____

NAME OF RESPONSIBLE PARTY _____
first middle maiden last

DL# _____ DATE OF BIRTH _____

SERVICE ADDRESS _____

MAILING ADDRESS _____

EMPLOYER _____ PHONE _____

ADDRESS _____

SPOUSE OR CO-OCCUPANT _____
first middle maiden last

OR DL # _____ DATE OF BIRTH _____

EMPLOYER _____ PHONE _____

ADDRESS _____

PERSONAL REFERENCE _____ PHONE _____

ADDRESS _____ RELATIONSHIP _____

HAVE YOU EVER HAD SERVICE WITH THE CITY BEFORE? _____

IF SO WHAT ADDRESS? _____

NAME OF PROPERTY OWNER AT ADDRESS YOU WISH TO HAVE SERVICE AT:

_____ PHONE _____

ANY CUSTOMER LEAVING THE CITY OF HOLDENVILLE WITH A BAD DEBT
WILL BE SUBJECT TO A HIGHER DEPOSIT.

I CERTIFY THAT I HAVE READ AND UNDERSTAND THE ABOVE
STATEMENTS AND CERTIFY THAT THEY ARE TRUE AND COMPLETE.

SIGNATURE OF (APPLICANT) RESPONSIBLE PARTY _____