

# CONTRACT FOR SERVICE WITH THE CITY OF HOLDENVILLE

DATE \_\_\_\_\_

NAME OF RESPONSIBLE PARTY \_\_\_\_\_  
first middle maiden last

DRIVERS LICENSE # \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

PHONE \_\_\_\_\_

SPOUSE OR CO-OCCUPANT \_\_\_\_\_  
first middle maiden last

DRIVERS LICENSE # \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

PHONE \_\_\_\_\_

SERVICE ADDRESS \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

EMPLOYER \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_

HAVE YOU EVER HAD SERVICE WITH THE CITY OF HOLDENVILLE BEFORE? \_\_\_\_\_

IF SO WHAT ADDRESS? \_\_\_\_\_

NAME OF PROPERTY OWNER AT THE ADDRESS WATER SERVICE WILL BE RECEIVED:

\_\_\_\_\_ PHONE \_\_\_\_\_

ARE YOU A LANDLORD IN THE CITY OF HOLDENVILLE? YES \_\_\_\_\_ NO \_\_\_\_\_

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

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

THERE WILL BE A \$30 SERVICE CHARGE APPLIED TO ANY ACCOUNT SUBJECT TO CUT OFF AND MUST BE PAID PRIOR TO REINSTATEMENT.

SIGNATURE OF (APPLICANT) RESPONSIBLE PARTY: \_\_\_\_\_

## FOR OFFICE USE ONLY

WATER CERTIFICATE NUMBER _____	ACCOUNT NUMBER _____
--------------------------------	----------------------