

City of Seminole, OK PO Box 1218, 401 N Main, Seminole OK 74868

PH 405-382-4330 ext 224, FAX 405-382-8581, EMAIL: water_office@seminole-oklahoma.net

Residential Utility Service Request

Requirements for Service:
Turn on date

1. Rental or Lease Agreement if renting, Deed or Contract of Sale if buying
2. Valid Photo ID
3. Payment of Deposit \$120.00 (\$100 deposit, \$20 non refundable service charge)

NAME: _____

SERVICE ADDRESS: _____

MAILING ADDRESS: _____

PHONE NUMBER: _____

DATE OF BIRTH: _____

DRIVERS LICENSE #: _____

SOCIAL SECURITY # _____

LANDLORD (IF RENTING) _____

HAVE YOU EVER HAD WATER SERVICE WITH US? _____ WHEN? _____

ADDITIONAL POLYKART? YES NO HOW MANY? _____

One polykart is standard with every account @ \$17.35 each.

Authorized Person

Complete if you want an another person on your account.

NAME: _____

RELATIONSHIP: _____

SOCIAL SECURITY #: _____ DATE OF BIRTH: _____

DRIVERS LIC # _____

All bills are sent out by the **25th** of every month. Bills are due by the **10th** of the following month. If you do not receive a bill, it is your responsibility to contact the water department. If you move or leave, you must come in person to the water office to disconnect service, you will be responsible for all charges until you disconnect.

I have filled out the above application for service, if any false information is provided, it can result in denial of service. **I have read and understand this application and I understand that I am responsible for all charges on this account**

Signature: _____

Date: _____

For Office Use Only

Account number: _____ Clerk: _____

Paid by : CASH _____ CHECK _____ CREDIT CARD _____

