

BUSINESS CONTRACT FOR WATER SERVICE

Service Request Date _____ / _____ / _____ Acct _____

Business Service Address _____

Business Mailing Address _____

City _____ State _____ Zip _____

Business Name _____ Phone # _____

Oklahoma Tax Commission Number _____

Business Owner(s) _____

Owners Drivers License # _____ State _____

Owners Social Security # _____

Owners Address _____

Do you rent the building your business is in? Yes or No

If no, please provide building owners name and phone number.

_____ () _____

Please list names of those we can contact in the event of an urgent matter.

ABOVE APPLICANT AGREES TO PAY THE ESTABLISHED RATES SET FORTH BY THE TOWN OF WEST SILOAM SPRINGS ORDINANCES AND AGREES TO REGULATIONS COVERING SAID SERVICE. THIS APPLICATION BECOMES A CONTRACT UPON ESTABLISHMENT OF SERVICE.

Applicants Name (Print) _____ Date _____

Applicants Signature _____

DISCLOSURE OF YOUR SOCIAL SECURITY NUMBER IS VOLUNTARY UNDER ARTICLE 10 SECTION IN OKLAHOMA CONSTITUTION. THIS CITY IS REQUIRED TO COLLECT ALL FEES AND CHARGES FOR UTILITY SERVICES PROVIDED TO ITS CUSTOMERS.