



WEST SILOAM SPRINGS MUNICIPAL AUTHORITY

4880 CEDAR DRIVE \* COLCORD, OK 74338

OFFICE: 918-422-5101 FAX: 918-422-5108

CONTRACT FOR WATER SERVICE

Service Request Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Acct. \_\_\_\_\_

Service Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last \_\_\_\_\_

Phone # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

SSN \_\_\_\_/\_\_\_\_/\_\_\_\_

Have you had service with us before? Yes or NO. If yes, when: \_\_\_\_\_

Previous Address: \_\_\_\_\_

Daytime Number you can be reached at: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

EXT \_\_\_\_\_

Cell Number (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Home Number (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Employer \_\_\_\_\_

Employers Phone Number (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Employer Address \_\_\_\_\_

Co-Applicant \_\_\_\_\_ MI \_\_\_\_\_ Last \_\_\_\_\_

Phone Number # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Rent or Own

If Renting, Name of Landlord \_\_\_\_\_

Landlord's 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 Signature \_\_\_\_\_ Date \_\_\_\_\_

Co-Applicants Signature \_\_\_\_\_ Date \_\_\_\_\_

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.