

WILBURTON PUBLIC WORKS AUTHORITY – REQUEST FOR SERVICE

Responsible Party: _____

SSN: _____ Date of Birth: _____

Service Address: _____

Phone Number: _____

Residential: [] Business: []

Type of Structure: Mobile Home [] House [] Apartment []

Property Owner: _____

How Would You Like to Receive Your Bill? Mail: [] OR Email: []

Mailing Address: _____

Email Address: _____

Would You Like to Sign Up for Auto Draft Payments? *They will Be Processed On The 10th OR Following Business Day of Every Month.* [] Yes [] No

Name and SSN of All Other ADULTS Living in The Household:

Phone Number(s): _____

Previous Address: _____

Employer: _____ Work Phone: _____

Name, Address and Phone Number of Nearest Relative or Emergency Contact:

I understand that bills are DUE on the 10th of each month, and that a 10% penalty will be added to any unpaid balance. I understand that it is illegal to allow any other party to connect to this line. I also understand that if, for any reason, I should break this contract, service will be disconnected immediately.

Signature

Date

FOR OFFICE USE ONLY: Need Poly-Cart, How Many? _____

Acct # _____

Meter Reading: _____

Additional Notes: _____