

City of Seminole, OK

Business Utility Service Request

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

Requirements for Service:

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 OF BUSINESS: _____

SERVICE ADDRESS: _____

MAILING ADDRESS: _____

BUSINESS PHONE NUMBER: _____

FEDERAL TAX ID#: _____

NAME OF OWNER: _____

OWNER DATE OF BIRTH: _____

OWNER DRIVERS LICENSE #: _____

OWNER SSN: _____

OWNER PHONE NUMBER _____

LANDLORD (IF RENTING) _____

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

TYPE OF TRASH RECEPTACLE REQUESTED? CIRCLE ONE BELOW.

COMMERCIAL POLYKART 300 GAL TUB DUMPSTER: 2 YARD 4 YARD 6 YARD 8 YARD

ADDITIONAL PERSON AUTHORIZED TO MAKE CHANGES ON THIS ACCOUNT: _____

NAME: _____

ADDITIONAL PERSON ID# _____

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 _____