



CUSTOMER SERVICE  
16 W. 9<sup>TH</sup> ST.  
Shawnee, OK 74801  
(405) 878-1560 or (405) 878-1561  
Fax (405) 878-1581

**WATER DEPARTMENT  
CONTRACT FOR SERVICE**

ACCOUNT# \_\_\_\_\_ DEPOSIT# \_\_\_\_\_ DATE \_\_\_\_\_

NAME OF RESPONSIBLE PARTY \_\_\_\_\_

SERVICE ADDRESS \_\_\_\_\_ TELE# \_\_\_\_\_

MAILING ADDRESS (IF DIFFERENT THAN SERVICE) \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ SSN# \_\_\_\_\_ DL# \_\_\_\_\_

EMPLOYER \_\_\_\_\_ DEPT. \_\_\_\_\_

EMPLOYER'S ADDRESS \_\_\_\_\_ TELE# \_\_\_\_\_

HAVE YOU/CO-OCCUPANT EVER HAD SERVICE WITH THE CITY OF SHAWNEE \_\_\_\_\_  
IF SO, WHERE \_\_\_\_\_

FAMILY CONTACT (NOT RESIDING WITH YOU) \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_ ADDRESS \_\_\_\_\_ TELE# \_\_\_\_\_

\_\_\_\_\_  
SPOUSE/CO-OCCUPANT'S NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ SSN# \_\_\_\_\_ DL# \_\_\_\_\_

EMPLOYER \_\_\_\_\_ DEPT. \_\_\_\_\_

EMPLOYER'S ADDRESS \_\_\_\_\_ TELE# \_\_\_\_\_

The undersigned agrees to pay the established rate set forth by the City of Shawnee ordinances and agrees to regulations governing same service.

APPLICANT \_\_\_\_\_  
SIGNATURE

NAME OF PROPERTY OWNER \_\_\_\_\_

ADDRESS \_\_\_\_\_ TELE# \_\_\_\_\_

Disclosure of your Social Security number is voluntary. Under Article 10, Section 17, Oklahoma Constitution, this city is required to collect all fees and charges for utility services provided to its customers.