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City of Shawnee
Customer Service Division
P.O. Box 1448
Shawnee, OK 74802

SERVICE WAIVER

DATE _____

ACCOUNT NUMBER _____

NAME _____

ADDRESS _____

I hereby agree to transfer my City of Shawnee water deposit to

_____	_____	_____	_____
Name	Social Security No.	D.O.B.	Phone No.

This transfer relieves me of any responsibility regarding said account upon the signing by both parties. It shall be my responsibility to check with the Water Department to make sure they have obtained all required signatures. ALL SIGNATURES MUST BE OBTAINED WITHIN 30 DAYS, OR THIS FORM IS VOID.

I further acknowledge, should I need City of Shawnee water service in the future, all current deposit requirements must be met.

Signature

Witness

DATE _____

I, _____ accept full responsibility
(Signature)
for current and future billings on this account until I request cancellation of service.

Witness