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

CONTRACT FOR SERVICE (COMMERCIAL/BUSINESS)

ACCOUNT NO. _____ DEPOSIT AMOUNT*\$_ _____

(THIS PORTION TO BE FILLED OUT BY CUSTOMER SERVICE PERSONNEL)

DATE: _____

NAME OF RESPONSIBLE PARTY: _____ PHONE NO.: _____

DATE OF BIRTH: _____ SOCIAL SECURITY NO.: _____

DOING BUSINESS AS: _____ TAX I.D. NO: _____

CORPORATE NAME (if different than above): _____

SERVICE ADDRESS: _____

MAILING ADDRESS (if different than service address): _____

TYPE OF BUSINESS: _____

PREVIOUS SERVICE WITH SHAWNEE? Yes No: DATE OF SERVICE: _____

IF SO, SERVICE ADDRESS: _____

NAME OF PROPERTY OWNER: _____

ADDRESS: _____ PHONE NO.: _____

The undersigned agrees to pay the established rate set forth by the City of Shawnee ordinances and agrees to regulations governing same service. This application becomes a contract upon the establishment of service.

APPLICANT SIGNATURE: _____

*The deposit for commercial/business accounts shall be such sum as will at least cover three times the monthly bill of the consumer according to established rates and shall be determined by the City Clerk or designee.

Disclosure of your Social Security number is voluntary. Under Chapter 26, Section 26-98(b), every person using water from the city water system shall be liable to the city for all water used, according to the established rates and minimum charges and according to the condition of this article.