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

CONTRACT FOR SERVICE (Residential)

DATE: _____

To be completed by office personnel:

ACCOUNT NO.: _____
PROCESSING FEE - \$25 : _____
WATER DEPOSIT - \$75*: _____
DOUBLE WATER DEPOSIT (if required) - \$150*: _____
POLYCART & RECYCLE BIN DEPOSIT - \$25: _____

HAVE POLYCART? Yes No

POLYCART REQUESTED:
95 GALLON & RECYCLE \$20.84 (monthly)
65 GALLON & RECYCLE \$16.34 (monthly)
ADDITIONAL POLYCART \$11.00 (monthly)

NAME OF RESPONSIBLE PARTY: _____ PHONE NO.: _____

SERVICE ADDRESS: _____

MAILING ADDRESS (if different than above): _____

DO YOU WANT TO SIGN UP FOR PAPERLESS BILLING**: Yes: No:

IF YES, PLEASE PROVIDE A VALID EMAIL ADDRESS: _____

DATE OF BIRTH: _____ DRIVERS LICENSE NO.: _____ SOCIAL SECURITY NO.: _____

EMPLOYER: _____ DEPARTMENT: _____ PHONE NO.: _____

EMPLOYER'S ADDRESS: _____

HAVE YOU/CO-OCCUPANT EVER HAD SERVICE WITH THE CITY OF SHAWNEE: Yes No:

IF YES, PLEASE PROVIDE THE ADDRESS: _____

EMERGENCY CONTACT (not residing with you): _____

RELATIONSHIP: _____ ADDRESS: _____ PHONE NO.: _____

CO-OCCUPANT'S NAME: _____ RELATIONSHIP: _____

PHONE NO.: _____ DATE OF BIRTH: _____

DRIVERS LICENSE NO.: _____ SOCIAL SECURITY NO.: _____

EMPLOYER: _____ DEPARTMENT: _____ PHONE NO.: _____

EMPLOYER'S 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. The undersigned understands the person(s) named as a co-occupant will be added to the City of Shawnee water account and will have the same responsibility to the account as the occupant. Furthermore, a co-occupant has the full authority of the account, i.e., to sign payment arrangements, transfer/discontinue service, etc.

APPLICANT SIGNATURE: _____

*Double Deposit will be required if a prior account was finalized for non-payment.

** If you choose paperless billing, you will not receive a paper bill in the mail.

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.