

**FORT TOWSON
PUBLIC WORKS AUTHORITY
112 MORYNNE MOTLEY BLVD
FORT TOWNSON, OK 74755
(580) 873-2628**

ATTACHED:
① PHOTO ID (S)
② SUPP DOCS
By _____
Date _____

RESIDENTIAL APPLICATION FOR UTILITY SERVICE

[COMPLETE ALL APPLICABLE SECTIONS IN FULL, SIGN, DATE, AND SUBMIT]

(1) APPLICANT INFORMATION

TYPE OF RESIDENCE: House _____ Apartment _____ Mobile Home _____ Condo _____ Other _____

APPLICANT'S NAME: _____

SPOUSE OR CO-OCCUPANT (if applicable): _____

PHOTO ID: APPLICANT: _____ (_____) _____
TYPE STATE NUMBER

SOCIAL SECURITY NUMBER: _____

SERVICE ADDRESS: _____

STREET CITY STATE ZIP + 4

MAILING ADDRESS: _____

STREET CITY STATE ZIP + 4

PHONE: HOME: (_____) _____ WORK: (_____) _____ MOBILE: (_____) _____

E-MAIL ADDRESS: _____

(2) PROPERTY OWNER INFORMATION

PROPERTY OWNERSHIP DOCUMENT ATTACHED

PROPERTY OWNER: _____

PROPERTY ADDRESS: _____

STREET CITY STATE ZIP + 4

MAILING ADDRESS: _____

STREET CITY STATE ZIP + 4

PHONE: HOME: (_____) _____ WORK: (_____) _____ MOBILE: (_____) _____

E-MAIL ADDRESS: _____

DATE OF PURCHASE: _____ FOLIO No: _____ SUB-DIVISION: _____

MONTH / DAY / YEAR

(3) LEASE AGREEMENT (TENANT) INFORMATION

LEASE AGREEMENT/OWNER LETTER ATTACHED

DATE LEASE STARTS: _____ DATE LEASE ENDS: _____ LENGTH: _____

MONTH / DAY / YEAR

MONTH / DAY / YEAR

APPLICANT AGREEMENT: I AGREE TO BE FULLY RESPONSIBLE FOR ALL UTILITY CHARGES ASSESSED TO ME AT THE ABOVE NOTED PROPERTY. I AGREE TO PROMPTLY PAY FOR UTILITY SERVICES RECEIVED ACCORDING TO THE SCHEDULE OF UTILITY RATES IMPLEMENTED BY THE TOWN OF FORT TOWNSON PUBLIC WORKS AUTHORITY. I AGREE TO COMPLY WITH ALL CURRENT AND FUTURE FEDERAL AND STATE LAW, TOWN OF FORT TOWNSON ORDINANCES AND REGULATIONS, AND TOWN OF FORT TOWNSON PUBLIC WORKS AUTHORITY PROCEDURES AND GUIDELINES.

APPLICANT UNDERSTANDS THAT THE ACCOUNT SECURITY DEPOSIT COLLECTED TO OPEN A NEW ACCOUNT WILL BE REFUNDED ONLY TO THE APPLICANT NAMED ABOVE AND ONLY AFTER THE ACCOUNT IS CLOSED AND ALL ACCOUNT CHARGES HAVE BEEN SATISFIED.

X _____

APPLICANT SIGNATURE

DATE

FOR INTERNAL USE ONLY:

ACCOUNT #

BOOK #

LAST READING

\$ SECURITY DEPOSIT

\$ TURN-ON FEE

**TITLE VI OF THE CIVIL RIGHTS ACT OF 1964 REQUIRES THAT
RECIPIENTS OF FEDERAL ASSISTANCE COMPILE RACE/ETHNIC
INFORMATION ON APPLICATIONS TAKEN WHICH IS UTILIZED BY
THE GOVERNMENT FOR MONITORING PURPOSES.**

Text to be contained on the application form:

INFORMATION FOR GOVERNMENT MONITORING PURPOSES

The following information is requested by the Federal Government for loan and grant programs in order to monitor borrower/grantee compliance with Civil Rights Act of 1964. You are not required to furnish this information, but are encouraged to do so. The law provides that an entity or lender may not discriminate on the basis of this information, now on whether you choose to furnish it. However, if you choose not to furnish it, under Federal regulations, this entity is required to note race and sex on the basis of visual observation or surname. If you do not wish to furnish the information, please check below:

APPLICANT

I do not wish to furnish this information.

Race/Nation Origin:
(Select on or more)

- American Indian or Alaska Native
- Asian
- Native Hawaiian or Pacific Islander
- Black or African American
- Hispanic or Latino
- White
- Other (specify) _____

Sex: Female Male

CO-APPLICANT

I do not wish to furnish this information.

Race/Nation Origin:
(Select on or more)

- American Indian or Alaska Native
- Asian
- Native Hawaiian or Pacific Islander
- Black or African American
- Hispanic or Latino
- White
- Other (specify) _____

Sex: Female Male

TO BE COMPLETED BY INTERVIEWER:

This application was taken by: face-to-face interview by telephone by mail

Applicant's Name: (print or type) _____

Co-Applicant's Name: (print or type) _____

Interviewer's Name: (print or type) _____

Interviewer's Signature: _____

Date: _____