

FORT TOWSON PUBLIC WORKS AUTHORITY
"This institution is an equal opportunity provider and employer"
Utility Account Application

PLEASE PRINT

DATE: _____

Name or Responsible Party: _____ SSN# _____

Race/National Origin: (Select one or more)

American Indian or Alaskan Native Asian Native Hawaiian or other Pacific Islander Black or African American
 Hispanic or Latino Caucasian Other (Specify) _____

Service Address: _____

Mailing Address: _____
(if different from service address)

Previous Address: _____

Phone: _____ Emergency Number: _____

Driver's License Number: _____ State: _____ DOB: _____

Employer: _____ Phone: _____

Spouse/Co-applicant Name: _____ SSN# _____

American Indian or Alaskan Native Asian Native Hawaiian or other Pacific Islander Black or African American
 Hispanic or Latino Caucasian Other (Specify) _____

Phone: _____ Emergency Number: _____

Driver's License Number: _____ State: _____ DOB: _____

Employer: _____ Phone: _____

Previous Address: _____

Personal Reference: _____ Relationship: _____

Have you ever had service with Fort Towson before? Yes _____ No _____

If yes, at what address? _____

The undersigned agrees to pay the established rates set forth by the Town of Fort Towson Public Works Authority and agrees to regulations governing said service. This application becomes a contract upon the establishment of service.

Applicant: _____ Co-applicant: _____

Signature

Signature

Disclosure of your SSN is voluntary. Under Art. 10 Sec 17, Oklahoma Constitution, this Town is required to collect fees and charges for utility services provided to its customers.

Accounts are due and payable by the 20th of each month. Accounts paid after this date will incur a 10% late fee and may be subject to turn-off.
All other fees are subject to change without prior notice and are available at the Fort Towson Town Hall.

Turn-On Fee: _____

Account # _____ Book # _____ Route # _____ Last Reading _____ Deposit Collected: _____

Approved by: _____ Date: _____