

**WILBURTON PUBLIC WORKS AUTHORITY – REQUEST FOR SERVICE**

Responsible Party: \_\_\_\_\_

SSN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Service Address: \_\_\_\_\_

Residential: [ ] Business: [ ]

Type of Structure: Mobile Home: [ ] House [ ] Apartment [ ]

Property Owner: \_\_\_\_\_

How Would You Like to Receive Your Bill? Mail: [ ] OR Email: [ ]

Mailing Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Name and SSN of All Other ADULTS Living In The Household:

\_\_\_\_\_

Phone Number(s): \_\_\_\_\_

Previous Address: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Name, Address and Phone Number of Nearest Relative or Emergency Contact:

\_\_\_\_\_

I understand that bills are DUE on the 10<sup>th</sup> of each month, and that a 10% penalty will be added to any unpaid balance. I understand that it is illegal to allow any other party to connect to this line. I also understand that if, for any reason, I should break this contract, service will be disconnected immediately.

\_\_\_\_\_

Signature

\_\_\_\_\_

Date