



CONTRACT FOR COMMERCIAL SERVICE

BUSINESS NAME _____

SERVICE ADDRESS _____

BUSINESS ACCOUNTS MUST PROVIDE FEDERAL ID# _____

MAILING ADDRESS IF DIFFERENT FROM SERVICE ADDRESS: _____

CITY, STATE, ZIP CODE: _____

1PHOTO ID AND 1 SIGNATURE ID REQUIRED WITH SOCIAL SECURITY NUMBER IF NO FED ID# PROVIDED

Accepted Documents are: Federal, State, or Local Government issued ID containing photo, name, date of birth, gender, height, eye color, and address; Driver's License; Social Security Card; Passport, US Military Card; Native American Tribal Document; and Voter's Registration Card.

SOCIAL SECURITY NUMBER _____ (IF NO FEDERAL ID#)

TELEPHONE: DAYTIME _____ EMERGENCY NUMBER _____

NAME OF PERSON RESPONSIBLE FOR PAYMENT _____

ADDRESS _____

CITY, STATE, ZIP CODE _____

PERSONAL REFERENCE:

NAME _____

ADDRESS: _____

CITY, STATE, ZIP CODE _____

PERSONAL REFERENCE TELEPHONE NUMBER: _____

NAME OF LANDLORD/PROPERTY OWNER: _____

HAVE YOU EVER HAD SERVICE WITH THE MUNICIPAL UTILITY BOARD? _____ YES _____ NO

THE UNDERSIGNED AGREES TO PAY THE ESTABLISHED RATES SET FORTH BY THE CITY OF PRYOR, OKLAHOMA ORDINANCES AND AGREES TO REGULATIONS GOVERNING SAID SERVICES. THIS APPLICATION BECOMES A CONTRACT UPON THE ESTABLISHMENT OF SERVICE. I CERTIFY TO THE BEST OF MY KNOWLEDGE THAT ALL UTILITY INSTALLATIONS MEET APPLICABLE BUILDING CODES OF THE CITY OF PRYOR.

UTILITIES REQUESTED TO BE TURNED ON OR READ/LEFT ON GAS ___ WATER ___ ELECTRIC ___

APPLICANT'S SIGNATURE _____

CERTIFICATE NUMBER _____ AMOUNT \$ _____ DATE _____