



**CONTRACT FOR RESIDENTIAL SERVICE**

**PROOF OF RESIDENCY AND 2 FORMS OF IDENTIFICATION IS REQUIRED**

**1 PHOTO ID AND 1 SIGNATURE ID REQUIRED**

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.

NAME OF PERSON (S) \_\_\_\_\_

SOCIAL SECURITY #: \_\_\_\_\_

SERVICE ADDRESS: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

TELEPHONE: DAYTIME: \_\_\_\_\_ MOBILE: \_\_\_\_\_

SOURCE OF INCOME: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

WOULD YOU LIKE TO HAVE TRASH SERVICE IF **OUT OF CITY LIMITS?**

YES  NO

WOULD YOU LIKE TO HAVE SECURITY LIGHT IF AVAILABLE ON THE PROPERTY?

YES  NO

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

**CONTINUED ON BACK**

**PERSONAL REFERENCE:**

**NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP CODE** \_\_\_\_\_

**PERSONAL REFERENCE TELEPHONE NUMBER:** \_\_\_\_\_

**WILL WE HAVE LIMITED ACCESS TO YOUR METERS DUE TO LOCKED GATE/PET/ETC.? NO** \_\_\_\_\_

**IF YES, PROVIDE KEY** \_\_\_\_\_ **CALL IN READING** \_\_\_\_\_ **INITIAL:** \_\_\_\_\_

**NAME OF LANDLORD/PROPERTY OWNER:** \_\_\_\_\_

**HAVE YOU EVER HAD SERVICE WITH THE MUNICIPAL UTILITY BOARD?** \_\_\_\_\_ **YES** \_\_\_\_\_ **NO**

**\*\*\*SECURITY QUESTION AND ANSWER NEEDED TO CONDUCT ACCOUNT BUSINESS BY PHONE\*\*\***

**QUESTION:** \_\_\_\_\_

**ANSWER:** \_\_\_\_\_

**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.**

**APPLICANT'S SIGNATURE** \_\_\_\_\_

**CERTIFICATE NUMBER:** \_\_\_\_\_ **AMOUNT: \$** \_\_\_\_\_ **DATE:** \_\_\_\_\_

*MUB CONTRACT FOR SERVICE FORM UPDATED 3/6/2025*