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City of Shawnee  
Customer Service Division  
P.O. Box 1448  
Shawnee, OK 74802

## CONTRACT FOR SERVICE (COMMERCIAL/BUSINESS)

ACCOUNT NO. \_\_\_\_\_ DEPOSIT AMOUNT\*\$ \_\_\_\_\_

(THIS PORTION TO BE FILLED OUT BY CUSTOMER SERVICE PERSONNEL)

DATE: \_\_\_\_\_

NAME OF RESPONSIBLE PARTY: \_\_\_\_\_ PHONE NO.: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ SOCIAL SECURITY NO.: \_\_\_\_\_

DOING BUSINESS AS: \_\_\_\_\_ TAX I.D. NO: \_\_\_\_\_

CORPORATE NAME (if different than above): \_\_\_\_\_

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

MAILING ADDRESS (if different than service address): \_\_\_\_\_

DO YOU WANT TO SIGN UP FOR PAPERLESS BILLING\*\*: Yes:  No:

IF YES, PLEASE PROVIDE A VALID EMAIL ADDRESS: \_\_\_\_\_

TYPE OF BUSINESS: \_\_\_\_\_

PREVIOUS SERVICE WITH SHAWNEE? Yes  No:  DATE OF SERVICE: \_\_\_\_\_

IF SO, SERVICE ADDRESS: \_\_\_\_\_

NAME OF PROPERTY OWNER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE NO.: \_\_\_\_\_

The undersigned agrees to pay the established rate set forth by the City of Shawnee ordinances and agrees to regulations governing same service. This application becomes a contract upon the establishment of service.

APPLICANT SIGNATURE: \_\_\_\_\_

\*The deposit for commercial/business accounts shall be such sum as will at least cover three times the monthly bill of the consumer according to established rates and shall be determined by the City Clerk or designee.

\*\* If you choose paperless billing, you will not receive a paper bill in the mail.

Disclosure of your Social Security number is voluntary. Under Chapter 26, Section 26-98(b), every person using water from the city water system shall be liable to the city for all water used, according to the established rates and minimum charges and according to the condition of this article.