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

## CONTRACT FOR SERVICE (Residential)

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

**To be completed by office personnel:**

ACCOUNT NO.: \_\_\_\_\_  
PROCESSING FEE - \$25 :  \_\_\_\_\_  
WATER DEPOSIT - \$75\*:  \_\_\_\_\_  
DOUBLE WATER DEPOSIT (if required) - \$150\*:  \_\_\_\_\_  
POLYCART & RECYCLE BIN DEPOSIT - \$25:  \_\_\_\_\_

HAVE POLYCART? Yes  No

**POLYCART REQUESTED:**  
95 GALLON & RECYCLE  \$23.36 (monthly)  
65 GALLON & RECYCLE  \$18.54 (monthly)  
ADDITIONAL POLYCART  \$11.79 (monthly)

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

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

MAILING ADDRESS (if different than above): \_\_\_\_\_

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

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

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

EMPLOYER: \_\_\_\_\_ DEPARTMENT: \_\_\_\_\_ PHONE NO.: \_\_\_\_\_

EMPLOYER'S ADDRESS: \_\_\_\_\_

HAVE YOU/CO-OCCUPANT EVER HAD SERVICE WITH THE CITY OF SHAWNEE: Yes  No:

IF YES, PLEASE PROVIDE THE ADDRESS: \_\_\_\_\_

EMERGENCY CONTACT (not residing with you): \_\_\_\_\_

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

CO-OCCUPANT'S NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

PHONE NO.: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

DRIVERS LICENSE NO.: \_\_\_\_\_ SOCIAL SECURITY NO.: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_ DEPARTMENT: \_\_\_\_\_ PHONE NO.: \_\_\_\_\_

EMPLOYER'S 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. The undersigned understands the person(s) named as a co-occupant will be added to the City of Shawnee water account and will have the same responsibility to the account as the occupant. Furthermore, a co-occupant has the full authority of the account, i.e., to sign payment arrangements, transfer/discontinue service, etc.

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

\*Double Deposit will be required if a prior account was finalized for non-payment.

\*\* 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.