

# Application and Contract for Service

## Eufaula Public Works Authority

Fax: 918-689-1000

P.O. Box 684, Eufaula, OK 74432

Days: Monday – Friday

Ph: 918-689-2534

Hours: 8:00am – 5:00pm

A valid photo identification is required to establish an account with the Eufaula Public Works Authority (EPWA). In Consideration for having water service initiated or restored at the address below, the applicant agrees to ensure that all water service facilities (sinks, tubs, faucets/inside and outside, etc.) are turned off, or that someone will be at the property to check for leakage. The Applicant understands that the City of Eufaula and the EPWA are not responsible for water damage to the property or its contents. If you are establishing new service and the water is off, it may take up to three (3) business days to process the completed application (along with submitted required documentation), to have service restored/turned on. By signing this application this becomes a contract to establish said service. (Please Note: A separate form and fee is required for a meter tap on a new property.)

Deposit to Establish Service: \$150 for residential accounts, and \$200 for commercial/business accounts. Deposits will stay on file for as long as you have active service with the City of Eufaula.

**Type of Account:** \_\_\_\_\_ **Residential (\$150 Deposit)** \_\_\_\_\_ **Commercial (\$200 Deposit)**

Name(s): \_\_\_\_\_

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

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

Have you ever had water service Eufaula? \_\_\_ Yes or \_\_\_ No If yes, when? \_\_\_\_\_

At what address? \_\_\_\_\_

### Confidential Information

Phone: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Spouse or Emergency Contact Name: \_\_\_\_\_ Emergency Contact Phone: \_\_\_\_\_

Additional information required for commercial/business account:

Business Name: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Please note a business permit is required from the City of Eufaula for a new business.

In consideration for receiving utility service(s) from the EPWA at the service address above, the applicant agrees to pay the established rates set forth by the City of Eufaula ordinances and resolutions, and agrees to regulations governing said service. Applicant also acknowledges receipts of the Utility Billing Policy.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

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### Office Use Only

Account Number: \_\_\_\_\_ Received By: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Work Order Submitted

\_\_\_\_\_ Work Order Completed

\_\_\_\_\_ Trash Contractor Notified