

Application and Contract for Service

Eufaula Public Works Authority

Fax: 918-689-1000
Ph: 918-689-2534

P.O. Box 684, Eufaula, OK 74432

Days: Monday – Friday
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 _____

Office Use Only

Account Number: _____ Received By: _____ Date: _____

_____ Work Order Submitted

_____ Work Order Completed

_____ Trash Contractor Notified