



# CITY OF CHOCTAW UTILITY CONTRACT

2500 N. Choctaw Rd ~ PO Box 567 ~ Choctaw, OK 73020 ~ Phone (405) 390-8198 ~ Fax (405) 390-8607

**CIRCLE ONE:** RENTER/LEASER OWNER

<b>Service Address:</b>	<b>Connection Date:</b>
<b>Applicant Name:</b>	<b>Co-Applicant Name:</b>
<b>Driver's License #:</b>	<b>Driver's License #:</b>
<b>Date of Birth:</b>	<b>Date of Birth:</b>
<b>Social Security #:</b>	<b>Social Security #:</b>
<b>Phone #:</b>	<b>Phone #:</b>
<b>Email:</b>	<b>Email:</b>
<b>Mailing Address:</b> (If different than Service Address)	
<b>Billing Preference:</b> <input type="checkbox"/> Paper or <input type="checkbox"/> Email (Select one)	

### IMPORTANT BILLING INFORMATION

Residential deposit for Water/Sewer is \$90.00. (Renter/Leaser \$120.00)

Residential deposit for Sanitation is \$30.00 per cart with a one-time set-up fee of \$25.00 (Owners)

Residential deposit for Sanitation is \$50.00 per cart with a one-time set-up fee of \$25.00 (Renters)

Commercial deposits are \$150.00.

The **DUE DATE** is the **15th of each month** and is printed on the bill.

**Trash Containers will be delivered within 7-10 days of service date.**

**A penalty fee of \$10.00 will be added to the account after the DUE DATE.**

**DISCONNECTION of services for non-payment is 10 days after the due date.**

**A \$50.00 RECONNECT fee is charged to reinstate all services. If your service is disconnected for longer than 14 days your account will be closed and your deposit will be applied to your account. If you want to reinstate service after 14 days you will be required to repay all deposits.**

**All returned checks or ACH will be charged \$35.00**

**Trash Cart must be at curb side by 6:00am on pick-up day.**

Utility Billing Offices	390-8198	After 5:00 pm	520-8911 / 520-8912
Waste Connections	745-2942	TDS Phone	1-888-225-5837
Police Non-Emergency	769-3821	OG&E Electric	272-9741
Fire Non-Emergency	390-8300	ONG Gas	551-4000
Cox	600-6333		

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### OFFICIAL USE ONLY

Deposit Date: \_\_\_\_\_ Amount: \$ \_\_\_\_\_ Payment Type: \_\_\_\_\_

Reading: \_\_\_\_\_ Service Date: \_\_\_\_\_ Account#: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Previous Customer?: Yes  No  Transfer Account?: Yes  No

Does Customer have Poly Carts: Yes  No  If no, how many poly carts/recycle bins are needed: \_\_\_\_\_

Date work order sent to Waste Connection: \_\_\_\_\_