

**WISTER PUBLIC WORKS AUTHORITY
APPLICATION FOR WATER SERVICE
PO BOX 370, 101 CASTON STREET**

Wister, Oklahoma 74966
(918) 655-7421 ext 2 • Fax (918) 655-7093

Service Start Date: _____ **Own** ____ **Rent** ____

Service Address: _____

Mailing Address: _____ **City** _____ **Zip** _____
(If different from above)

Do you presently have or have you had services with Wister Public Works Authority? Yes ____ **No** ____

If yes what address? _____

Is this address to be terminated? Yes ____ **No** ____ **If yes what date?** _____

Applicant Name: _____

Phone: _____

Employer: _____

Work Phone: _____

Drivers License: _____

Social Security: _____

Birth Date: _____

Emergency Contact Name: _____

Co-Applicant Name: _____

Phone: _____

Employer: _____

Work Phone: _____

Drivers License: _____

Social Security: _____

Birth Date: _____

Phone: _____

Residential Water, Sewer and Trash Rate: Monthly flat rate \$40.00

Reconnection Charge: Any customer whose service is involuntarily disconnected will be required to pay a reconnection fee in addition to all other fees and charges before being reconnected to the utility. Fee is fifty-dollars (\$50.00).

Returned Check Charge: The utility shall assess a returned check charge in the event the customer's check or bank draft is returned by the bank for insufficient funds, closed account, or other appropriate reason. Fee is twenty-five dollars (\$25.00).

Trash Services: Trash Services will run on Wednesday, Trash will need to be placed in close proximity to street. Cans are not provided.

Billing Information: Bills will go out the 1st of the month, all payments received by the 10th of the month will be considered timely. After the 10th, A 10 percent penalty will be added for payments made late in the month, and bill will be considered delinquent. If payment is not made by the 12th of the month, a cut off notice will be posted at residence, and service will be terminated.

I understand that a deposit of one hundred-fifty dollars (\$150.00) will be required.

Applicant Signature: _____ **Date:** _____

Co-Applicant Signature: _____ **Date:** _____

FOR OFFICE USE ONLY:

DEPOSIT DATE: _____

BALANCE IF ANY: _____

DATE BAL. PAID: _____

ENTERED IN COMP: _____