

CITY OF WEWOKA

METER DEPOSIT

Name: _____ 2nd _____

Address: _____

Billing Address: _____

SS#: _____ 2nd _____

Phone: _____ 2nd _____

Homeowner _____ Phone: _____

Deposit Rates:

- Residential: \$75.00
- Business: \$100.00
- Previous Unpaid Bill: \$150.00

Charges:

- Theft of Water/Damages or Using a False Name: \$549.00
- Meter Tampering: \$549.00
- Additional \$75.00 deposit for meter tampering.

Payment Terms:

- Bills are due each month on the 10th, in full.
- A 10% penalty will be applied after the 10th.
- If water is disconnected for non-payment, a service charge will be applied.
- The City will have up to 24 hours to reconnect.

DEPOSIT WILL BE APPLIED TO ANY BALANCE DUE WHEN DISCONTINUING SERVICE.

Customer Signature: _____ 2nd _____

Clerk: _____ Clerk Signature: _____

Date: _____

RACE/ETHNIC INFORMATION THAT IS PROVIDED WILL BE UTILIZED BY THE GOVERNMENT FOR MONITORING.

To be contained on the application form:

INFORMATION FOR GOVERNMENT MONITORING PURPOSES

The following information is requested by the Federal Government for loan and grant programs to monitor borrower/grantee compliance with the Civil Rights Act of 1964. You are not required to furnish this information but are encouraged to do so. The law provides that an entity or lender may not discriminate on the basis of this information, nor on whether you choose to furnish it or not. However, if you choose not to furnish it, under Federal regulations this entity is required to note race and sex based on the basis of visual observation or surname. If you do not wish to furnish this information, Please check below.

APPLICANT:

I do not wish to furnish this information

CO-APPLICANT:

I do not wish to furnish this information

Race/National Origin (Select one or more):

American Indian or Alaskan Native

American Indian or Alaskan Native

Asian

Asian

Native Hawaiian or Pacific Islander

Native Hawaiian or Pacific Islander

Black or African American

Black or African American

Hispanic or Latino

Hispanic or Latino

White

White

Other (specify): _____

Other (specify): _____

Sex: Male Female

Sex: Male Female

TO BE COMPLETED BY INTERVIEWERS:

Application was taken: Face-to-face interview By telephone By mail

Applicant's Name (print or type): _____

Co-Applicant's Name (print or type): _____

Interviewer's Name (print or type): _____

Interviewer's Signature: _____

Date: _____