

**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: \_\_\_\_\_

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

**Race/National Origin (Select one or more):**

☐ American Indian or Alaskan Native  
☐ Asian  
☐ Native Hawaiian or Pacific Islander  
☐ Black or African American  
☐ Hispanic or Latino  
☐ White  
☐ Other (specify): \_\_\_\_\_

**Sex:** ☐ Male ☐ Female

**CO-APPLICANT:**

☐ I do not wish to furnish this information

**Race/National Origin (Select one or more):**

☐ American Indian or Alaskan Native  
☐ Asian  
☐ Native Hawaiian or Pacific Islander  
☐ Black or African American  
☐ Hispanic or Latino  
☐ White  
☐ Other (specify): \_\_\_\_\_

**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: \_\_\_\_\_