**JAY UTILITIES AUTHORITY**

**918-253-8542**

**918-253-2286 FAX**

**APPLICATION FOR UTILITY SERVICES**

DATE \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ LOCATION ID \_\_\_\_\_\_\_\_\_\_ WATER DEPOSIT # \_\_\_\_\_\_\_\_\_

 OFFICE USE

NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ GAS DEPOSIT # \_\_\_\_\_\_\_\_\_

 LAST, FIRST OFFICE USE

SPOUSE/CO-APPLICANT \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 LAST, FIRST

SERVICE ADDRESS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PHONE # \_\_\_\_\_\_-\_\_\_\_\_\_-\_\_\_\_\_\_\_ CELL # \_\_\_\_\_\_-\_\_\_\_\_\_-\_\_\_\_\_\_\_ WORK # \_\_\_\_\_\_-\_\_\_\_\_\_-\_\_\_\_\_\_\_

**YOUR INFORMATION**

SOCIAL SECURITY # \_\_\_\_\_\_\_-\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_ DRIVER’S LICENSE # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_STATE \_\_\_\_\_

BIRTH DATE \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

 **SPOUSE/CO-APPLICANT INFORMATION**

SOCIAL SECURITY # \_\_\_\_\_\_\_-\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_ DRIVER’S LICENSE # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_STATE \_\_\_\_\_

BIRTH DATE \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

ARE YOU RENTING? \_\_\_\_\_\_\_\_ DO YOU OWN? \_\_\_\_\_\_\_\_\_\_\_

LANDLORD NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PHONE # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EMERGENCY CONTACT PERSON** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PHONE # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(someone not living at the service address)

SERVICE AGREEMENT

I, applicant (and co-applicant) hereby request Jay Utility Authority to provide applicable utility services which may include by not limited to water, sewer, and natural gas at the above service location. I, applicant (and co-applicant) agree to pay all charges for services rendered as a result of this request. I, applicant (and co-applicant) understand and agree that failure to pay any amount due to Jay Utility Authority can result in services not being connected/reconnected until such payment has been received. I have read and accept the terms of the Applicant/Co-Applicant Disclosure Agreement as noted on the next page.

**SIGNATURE** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SPOUSE/CO-APPLICANT \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 DATE DATE

APPLICANT/CO-APPLICANT DISCLOSURE AGREEMENT

Please initial to acknowledge statements. If this is a joint account, both must initial.

\_\_\_\_\_ PAYMENT: Applicant/Co-Applicant agrees to pay monthly for utility services rendered by Jay Utility Authority. Charges for service will be made at the regular established rates for the class of service applicable to the service address. It is your responsibility to review the monthly bill for accuracy and notify the Utility Billing Office of any concerns prior to the payment due date.

\_\_\_\_\_ DELINQUENCY: Payment for service is due on the 1st no later than the 15th to avoid penalty. After the 15th any balance remaining on the account is considered delinquent. A 10% late charge on the unpaid balance will be added to the delinquent account. The applicant agrees to pay reasonable expenses of collection including attorney’s fees and court costs should it become necessary to use such measures to collect the charges made to the account.

\_\_\_\_\_ DISCONNECTION: Delinquent accounts are subject to disconnection of services. Disconnected services cannot be reconnected until the account is brought to a zero balance. This includes paying the disconnect fee, the reconnect fee, the past due month’s bill and the current month’s bill. Disconnected accounts not reconnected within 30 days from the payment due date are subject to termination.

\_\_\_\_\_ SECURITY DEPOSITS: A security deposit is required for all accounts at the rates set and established by ordinance. Security deposits are refunded only when service is terminated.

\_\_\_\_\_ REASONABLE ACCESS: The Applicant/Co-Applicant shall permit Jay Utility Authority authorized representatives to enter onto the customer’s premises at all reasonable times for purposes connected with repairing, replacing, rendering, billing, or disconnecting utility services. Services may be terminated if reasonable access is not permitted.

\_\_\_\_\_ IMPORTANT STATEMENT DATES: Statements are mailed out the end of every month. Your bill is due on the 1st no later than the 15th to avoid penalty. The failure of any customer to receive a statement for any utility charges shall not excuse the customer from their obligation to pay such charges within the time specified.

\_\_\_\_\_ EQUIPMENT: Water and gas meters, as well as any automated meter reading devices, are the property of Jay Utility Authority. It is unlawful for anyone to break, damage, tamper with, or obstruct the flow of or prevent the proper running of the equipment in any manner whatsoever. Customers who may commit any of the offenses listed above will be charged a fee for water or gas lost and a fee for any damages to any Jay Utility Authority equipment and may have criminal charges filed against them.

If this form is not signed in front of a Jay Utility Authority Representative, the signature must be notarized.

Subscribed and sworn before me this \_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_.

State of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ County of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Commission number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ My commission expires \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Notary Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Seal)

Office use only: Accepted by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_