



**CONTRACT FOR RESIDENTIAL SERVICE**

**PROOF OF RESIDENCY AND 2 FORMS OF IDENTIFICATION IS REQUIRED**

**1PHOTO ID AND 1 SIGNATURE ID REQUIRED**

Accepted Documents are: Federal, State, or Local Government issued ID containing photo, name, date of birth, gender, height, eye color, and address; Driver's License; Social Security Card; Passport, US Military Card; Native American Tribal Document; and Voter's Registration Card.

NAME OF PERSON (S) \_\_\_\_\_

SOCIAL SECURITY #: \_\_\_\_\_

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

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

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

TELEPHONE: DAYTIME: \_\_\_\_\_ MOBILE: \_\_\_\_\_

SOURCE OF INCOME: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

**WOULD YOU LIKE TO HAVE TRASH SERVICE IF OUT OF CITY LIMITS?**

YES \_\_\_\_\_ NO \_\_\_\_\_

**WOULD YOU LIKE TO HAVE SECURITY LIGHT IF AVAILABLE ON THE PROPERTY?**

YES \_\_\_\_\_ NO \_\_\_\_\_

UTILITIES REQUESTED TO BE TURNED ON OR READ/LEFT ON GAS \_\_\_\_\_ WATER \_\_\_\_\_ ELECTRIC \_\_\_\_\_

**CONTINUED ON BACK**

**PERSONAL REFERENCE:**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

PERSONAL REFERENCE TELEPHONE NUMBER: \_\_\_\_\_

NAME OF LANDLORD/PROPERTY OWNER: \_\_\_\_\_

HAVE YOU EVER HAD SERVICE WITH THE MUNICIPAL UTILITY BOARD? \_\_\_\_\_ YES \_\_\_\_\_ NO

**\*\*\*SECURITY QUESTION AND ANSWER NEEDED TO CONDUCT ACCOUNT BUSINESS BY PHONE\*\*\***

QUESTION: \_\_\_\_\_

ANSWER: \_\_\_\_\_

***THE UNDERSIGNED AGREES TO PAY THE ESTABLISHED RATES SET FORTH BY THE CITY OF PRYOR, OKLAHOMA ORDINANCES AND AGREES TO REGULATIONS GOVERNING SAID SERVICES. THIS APPLICATION BECOMES A CONTRACT UPON THE ESTABLISHMENT OF SERVICE. I CERTIFY TO THE BEST OF MY KNOWLEDGE THAT ALL UTILITY INSTALLATIONS MEET APPLICABLE BUILDING CODES OF THE CITY OF PRYOR.***

**APPLICANT'S SIGNATURE** \_\_\_\_\_

CERTIFICATE NUMBER: \_\_\_\_\_ AMOUNT: \$ \_\_\_\_\_ DATE: \_\_\_\_\_

*MUB CONTRACT FOR SERVICE FORM UPDATED 2/3/21*