



**TOWN OF MORRISON/MORRISON PUBLIC WORKS AUTHORITY (“MORRISON PWA”)
RESIDENTIAL APPLICATION AND CONTRACT**

SERVICE ADDRESS _____ **BEGINNING SERVICE DATE** _____

Is address going to be occupied? YES NO Occupant is the: Owner Renter

Mailing Address _____

City _____ State _____ Zip _____

APPLICANT INFORMATION

APPLICANT’S NAME: FIRST _____ MIDDLE _____ LAST _____

ID# and TYPE _____ Driver’s License or State ID Military Passport

State Issued _____

Primary Phone # _____ Cell Phone # _____

Date of Birth _____ SSN# _____ Email Address _____

Employer/Position _____ Work Phone # _____

Previous Residential Address _____ City /State _____

SPOUSE OR CO-APPLICANT

NAME: FIRST _____ MIDDLE _____ LAST _____

ID# and TYPE _____ Driver’s License or State ID Military Passport

State Issued _____

Primary Phone # _____ Cell Phone # _____

Date of Birth _____ SSN# _____ Email Address _____

Employer/Position _____ Work Phone # _____

Previous Residential Address _____ City /State _____

New Customer YES NO

I/WE AGREE THAT THIS APPLICATION FOR UTILITIES WHEN ACCEPTED WILL CONSTITUTE A BINDING CONTRACT BETWEEN THE UNDERSIGNED APPLICANT AND CO-APPLICANT AND MORRISON PWA. THE UNDERSIGNED APPLICANT AND CO-APPLICANT AGREE TO BE FULLY RESPONSIBLE FOR ALL UTILITY CHARGES ASSESSED AT THE SERVICE ADDRESS. THE UNDERSIGNED APPLICANT AND CO-APPLICANT AGREE TO PROMPTLY PAY FOR UTILITY SERVICES RECEIVED ACCORDING TO THE SCHEDULE OF UTILITY RATES IMPLEMENTED BY THE MORRISON PWA. THE UNDERSIGNED APPLICANT AND CO-APPLICANT AGREE TO COMPLY WITH ALL CURRENT AND FUTURE FEDERAL AND STATE LAW, TOWN OF MORRISON ORDINANCES AND REGULATIONS, AND MORRISON PUBLIC WORKS AUTHORITY PROCEDURES AND GUIDELINES. THE UNDERSIGNED APPLICANT AND CO-APPLICANT UNDERSTAND THAT THE ACCOUNT SECURITY DEPOSIT COLLECTED TO OPEN A NEW ACCOUNT WILL BE REFUNDED ONLY TO THE APPLICANT NAMED ABOVE AND ONLY AFTER THE ACCOUNT IS CLOSED AND ALL ACCOUNT CHARGES HAVE BEEN SATISFIED. THE UNDERSIGNED APPLICANT AND CO-APPLICANT ALSO AGREE THAT IN THE EVENT OF NON-PAYMENT THE ACCOUNT SECURITY DEPOSIT WILL BE APPLIED TO THE OUTSTANDING BILLING AND THAT THE UNDERSIGNED APPLICANT AND CO-APPLICANT WILL BE LIABLE FOR ANY BALANCE OWED. THE UNDERSIGNED APPLICANT AND CO-APPLICANT ACKNOWLEDGE AND AGREE THAT MORRISON PWA MAY COLLECT, USE AND DISCLOSE TO ANY THIRD PARTY ANY AND ALL PARTICULARS RELATING TO THE UNDERSIGNED APPLICANT AND CO-APPLICANT PERSONAL INFORMATION FOR THE PURPOSES OF (I) PROVIDING THE REQUESTED SERVICES, (II) BILLING AND ACCOUNT MANAGEMENT (INCLUDING DEBT COLLECTION OR RECOVERY); (III) CONDUCTING SURVEYS OR OBTAINING FEEDBACK; (IV) INFORMING THE UNDERSIGNED APPLICANT AND CO-APPLICANT OF THEIR RELATED ENTITIES’ AND BUSINESS AFFILIATES’ SERVICES AND OFFERS (UNLESS MORRISON PWA DULY INFORM YOU OTHERWISE); AND (V) COMPLYING WITH ALL APPLICABLE LAWS AND REGULATIONS, AND BUSINESS REQUIREMENTS. FURTHERMORE, THE UNDERSIGNED APPLICANT AND CO-APPLICANT AUTHORIZE THE MORRISON PWA AND ITS VENDORS TO CONTACT THE UNDERSIGNED APPLICANT AND CO-APPLICANT BY ANY MEANS AVAILABLE NOT LIMITED TO PERSONAL DELIVERY, MAIL, CELL TELEPHONE, LANDLINE, TEXT OR EMAIL. THE DUE DATE FOR BILLING IS ON THE 10TH DAY OF EACH SUCCESSIVE MONTH. ON THE 11TH DAY OF EACH SUCCESSIVE MONTH IF AN OUTSTANDING BALANCE IS SHOWN, A 10% PENALTY IS ASSESSED AND WILL BE PAID BEFORE THE COMMENCEMENT OF UTILITY SERVICES. A DELINQUENT NOTICE WILL BE MAILED ON OR AFTER THE 11TH DAY OF EACH SUCCESSIVE MONTH. THE UNDERSIGNED APPLICANT AND CO-APPLICANT UNDERSTAND THAT SHOULD THE MORRISON PWA DISCONNECT MY SERVICE DUE TO NON-PAYMENT, A RECONNECT FEE OF \$100.00



WILL BE CHARGED AND THE TOTAL BILL AND THE RECONNECT FEE MUST BE PAID IN CASH. SHOULD THE UNDERSIGNED APPLICANT AND CO-APPLICANT TURN THE WATER BACK ON THAT HAS BEEN TURNED OFF FOR NON-PAYMENT, THE UNDERSIGNED APPLICANT AND CO-APPLICANT WILL BE ISSUED A CITATION FOR METER TAMPERING, AS WELL AS THE RECONNET FEE AND ANY OURSTANDING PAYMENT BEFORE WATER IS TURNED BACK ON. IN THE EVENT OF LITIGATION, THE UNDERSIGNED APPLICANT AND CO-APPLICANT AGREE THAT IN THE EVENT OF LITIGATION, THE PREVAILING PARTY SHALL RECEIVE A REASONABLE ATTORNEY FEE AND ITS COSTS. VENUE FOR ANY DISPUTE OR LITIGATION SHALL ONLY BE PROPER IN THE DISTRICT COURT OF NOBLE COUNTY, STATE OF OKLAHOMA.

X _____
APPLICANT SIGNATURE DATE

X _____
SPOUSE OR CO-APPLICANT SIGNATURE DATE

FOR INTERNAL USE ONLY - Customer # _____ Security Deposit \$ _____ CS Rep _____

LOCATION NUMBER: _____

BEGINNING METER READ: _____