

IS ANY
HOUSEHOLD
MEMBER
TRIBAL?
(CHECK ONE)

YES _____
NO _____

PORUM PUBLIC WORKS AUTHORITY
P.O. BOX 69
Porum, OK 74455

Application for Water Service

LINE SIZE
NEW METERS:
(CHECK ONE)

1" _____
3/4" _____

Responsible Party Name(s): _____
(We will only share account information with persons listed)

Mailing Address For Bill: _____

Phone: _____ Alt. Phone: _____

911 Service Address: _____

D.L. or SSN: _____ Date of Birth: _____

Place of Employment: _____

Name of Spouse: _____ Number of Members in Household _____

Have you or any of your household had prior service with
Porum Public Works Authority? _____ Whom? _____

Location Information for New Meter Sets (GPS, Neighbors, Driving Directions, etc.):

I hereby make application for water service from Porum Public Works Authority water system. I certify that I have listed no untrue or false information in order to obtain water service, and understand that if the OK Dept of Environmental Quality deems my sewer system to be insufficient at any time, my water meter service will be discontinued. I have read the rules and regulations governing Porum Public Works Authority and agree to abide by those rules.

Today's Date: _____ Signature: _____

OFFICE USE ONLY:

Deposit: _____ Owner _____ Membership: _____
Renter _____
Turn-On _____ Re-new Memb; _____

OFFICIAL STAMP

ACCT: _____

RECEIVED BY:

METER: _____

TRANS: _____

SEQUENCE: _____