



CITY OF NICHOLS HILLS, OKLAHOMA
Contract for Utility Service

Staff use only
Date _____
Account # _____
Deposit # _____

Service address: _____

Responsible party: _____

Social security number or federal identification number ¹: _____

Driver's License State and number: _____

Mailing address: _____

Telephone number(s): _____

Email address(es): _____

Occupation: _____

Employer: _____

Employer's address and contact information: _____

Spouse / Other property occupant name(s): _____

Previous address: _____

Have you ever had service with the City of Nichols Hills before? Yes No

If yes, when and for what address? _____

Do you wish to have your name and contact information published in the Nichols Hills directory? Yes No

If so, please attach a sheet indicating how you wish your information to appear.

The undersigned agrees to pay the utilities service deposit in the amount set out in the City Fee Schedule as required by Sec. 46-19 of the Code and the established utility rates set by the City of Nichols Hills and agrees to the regulations governing that utility service. This application will become a binding contract for service between the responsible party and the City of Nichols Hills upon establishment of utility service by the City of Nichols Hills.

The above statements in this Application and all attachments to it are true and correct.

Submitted and agreed to this ___ day of _____, 20__.

Signature of Responsible Party: _____

Print Responsible Party's full legal name: _____

¹ Disclosure of your social security number is voluntary.

