

# ALVA

OKLAHOMA

WHERE CHARM AND ADVENTURE MEET

Service Address: \_\_\_\_\_

Beginning Service Date: \_\_\_\_\_ Owner  Renter

Mailing Address (if different than service address: \_\_\_\_\_

### Primary Account Holder

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_

Phone Number: \_\_\_\_\_ DL # \_\_\_\_\_ State \_\_\_\_\_

Employer: \_\_\_\_\_ Position: \_\_\_\_\_

### Secondary Account Holder

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_

Phone Number: \_\_\_\_\_ DL # \_\_\_\_\_ State \_\_\_\_\_

Employer: \_\_\_\_\_ Position: \_\_\_\_\_

The account holder(s) agree to pay the adopted rates set forth by the City Council for the City of Alva/Alva Utility Authority and follow the regulations governing said services. This application becomes a financial contract upon the establishment of utility service. I have read the attached Utility billing, collection and service rules and policy guide. I agree to the terms outlined and verify by initialing all appropriate boxes.

\_\_\_\_\_  
Primary Account Holder

\_\_\_\_\_  
Secondary Account Holder

OFFICE USE ONLY	
ACCOUNT #	CLERK