



Account # \_\_\_\_\_

Name: \_\_\_\_\_

Service Address: \_\_\_\_\_ Wellston, OK 74881

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Spouse/Co-Occupant Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone #: \_\_\_\_\_ Spouse/Co-Occupant Phone #: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Ph #: \_\_\_\_\_

Spouse/Co-Occupant Employer: \_\_\_\_\_ Work Ph #: \_\_\_\_\_

Email: \_\_\_\_\_ Spouse/Co-Occupant Email: \_\_\_\_\_

Landlord Name: \_\_\_\_\_ Landlord Ph. #: \_\_\_\_\_

All persons living in the household: \_\_\_\_\_  
\_\_\_\_\_

Have you ever had service with the Town of Wellston: Yes \_\_\_\_\_ No \_\_\_\_\_ When \_\_\_\_\_

If so what address \_\_\_\_\_

# Of polycarts (trash cans) \_\_\_\_

TYPE OF SERVICE

\_\_ RESIDENTIAL \_\_ WATER \_\_ GARBAGE

\_\_ COMMERCIAL \_\_ SEWER

**PLEASE READ AND UNDERSTAND**

By signing below, I have received the standard operating procedures for the Town of Wellston. And I understand that the full amount of the bill for WPWA Utility services is due on the 15<sup>th</sup> of each month. If the bill is not paid by the 15<sup>th</sup>, I understand that a 10% penalty will be added to my bill; and that if my bill is not paid by the 20<sup>th</sup> there will be an additional \$10.00 penalty. If services have to be reconnected after cutoff there is a \$50.00 reconnect fee.

IF REQUESTING A JOINT ACCOUNT BOTH SIGNATURES ARE REQUIRED.

Signature: \_\_\_\_\_ Spouse Signature: \_\_\_\_\_

\_\_\_\_\_  
FOR OFFICE USE ONLY \_\_\_\_\_

Completed By: \_\_\_\_\_ Completed Date: \_\_\_\_\_

REVISED 7.1.2022