

# OWNER APPLICATION FOR WATER SERVICE

*Ketchum Public Works Authority*  
PO BOX 958, Ketchum, OK 74349  
Phone (918) 782-2123 Fax (918) 782-2690

ACCOUNT NUMBER: \_\_\_\_\_  
SEQ # \_\_\_\_\_

Please fill out form below:

**Name** \_\_\_\_\_

**Billing Address:** \_\_\_\_\_

**City:** \_\_\_\_\_, **State:** \_\_\_\_\_, **ZIP:** \_\_\_\_\_

**Physical Address:** \_\_\_\_\_

**City:** \_\_\_\_\_, **State:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**Place of employment:** \_\_\_\_\_

**Address of employment:** \_\_\_\_\_

## Phone Numbers:

**Home:** \_\_\_\_\_

**Work:** \_\_\_\_\_

**Other:** \_\_\_\_\_

<u>Service:</u>	<u>Amount:</u>	<u>Your Fee:</u>
Connect fee (water)	80.00	_____
Meter Deposit	100.00	_____
Meter Fee	100.00	_____
	<b>Total Due:</b>	_____

I hereby agree to all KPWA policies (ASK FOR COPY).

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE

Auto Draft Stop \_\_\_\_\_  
Auto Draft Add \_\_\_\_\_

# SECURITY QUESTION

**DATE:** \_\_\_\_\_

**ACCOUNT:** \_\_\_\_\_

**SEQ:** \_\_\_\_\_

Question

Answer

**A. Pets Name?**

\_\_\_\_\_

**B. Mother's Maiden name?**

\_\_\_\_\_

**C. City you were born in?**

\_\_\_\_\_

\_\_\_\_\_  
**Customer Signature**

**TITLE VI OF THE CIVIL RIGHTS ACT OF 1964 REQUIRES THAT  
RECIPIENTS OF FEDERAL ASSISTANCE COMPILE RACE/ETHNIC  
INFORMATION ON APPLICATIONS TAKEN WHICH IS UTILIZED BY  
THE GOVERNMENT FOR MONITORING PURPOSES.**

Text to be contained on the application form:

**INFORMATION FOR GOVERNMENT MONITORING PURPOSES**

*The following information is requested by the Federal Government for loan and grant Programs In order to monitor borrower/grantee compliance with Civil Rights Act of 1964. you are not required to furnish this information, but are encouraged to do so. The law provides that an entity or lender may not discriminate on the basis of this information, nor on whether you choose to furnish it. However, if you choose not to furnish it, under Federal regulations this entity is required to note race and sex on the basis of visual observation or surname. If you do not wish to furnish the information, please check below:*

**APPLICANT**

I do not wish to furnish this information.

Race/National Origin:  
(Select one or more)

- American Indian or Alaska Native
- Asian
- Native Hawaiian or other Pacific Islander
- Black or African American
- Hispanic or Latino
- White
- Other (specify) \_\_\_\_\_

Sex:  Female  Male

**CO-APPLICANT**

I do not wish to furnish this information

Race/National Origin:  
(Select one or more)

- American Indian or Alaska Native
- Asian
- Native Hawaiian or other Pacific Islander
- Black or African American
- Hispanic or Latino
- White
- Other (specify) \_\_\_\_\_

Sex:  Female  Male

**TO BE COMPLETED BY INTERVIEWER:**

This application was taken by:  face to face interview  by telephone  by mail

Applicant's Name: (print or type) \_\_\_\_\_

Co-Applicant's Name: (print or type) \_\_\_\_\_

Interviewer's Name: (print or type) \_\_\_\_\_

Interviewer's Signature: \_\_\_\_\_

DATE: \_\_\_\_\_

Please return with copy of photo ID.

Thank you.