

**TOWN OF INOLA  
CONTRACT FOR SERVICE**

Date \_\_\_\_\_

Name of Responsible Party \_\_\_\_\_ Date of Birth \_\_\_\_\_

Social Security/Federal ID Number \_\_\_\_\_ Driver's License \_\_\_\_\_ Exp. Date \_\_\_\_\_ State \_\_\_\_\_

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

Mailing Address: \_\_\_\_\_

Telephone Numbers - Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Employer \_\_\_\_\_ Employer's Telephone Number \_\_\_\_\_

Employer's Address \_\_\_\_\_

**Spouse/Co-Occupant Information**

Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Social Security/Federal ID Number \_\_\_\_\_ Driver's License \_\_\_\_\_ Exp. Date \_\_\_\_\_ State \_\_\_\_\_

Telephone Numbers - Work \_\_\_\_\_ Cell \_\_\_\_\_

Employer: \_\_\_\_\_ Employer's Telephone Number \_\_\_\_\_

Employer's Address \_\_\_\_\_

Do you own, or are you leasing property? \_\_\_\_\_

**If leasing, complete this section.**

Name of Landlord: \_\_\_\_\_

Address of Landlord: \_\_\_\_\_

Telephone Number of Landlord: \_\_\_\_\_

Personal Reference \_\_\_\_\_ Relationship \_\_\_\_\_

Address: \_\_\_\_\_ Telephone Number \_\_\_\_\_

Have you ever had water service with the Town of Inola? \_\_\_\_\_ When? \_\_\_\_\_

Location of previous service with Inola \_\_\_\_\_

Signature of Responsible Party \_\_\_\_\_ Date \_\_\_\_\_

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Deposit Amount \_\_\_\_\_ Deposit Number \_\_\_\_\_ Account Number \_\_\_\_\_ Date \_\_\_\_\_

Signature Town Agent Signature \_\_\_\_\_