

PO Box 39 – 10035 Polk Ave. Preston, OK 74456 Phone: 918-756-8910 Fax: 918-759-9090 TDD/TTY – 711

New Member Information (Please Print)

First Name	Middle	Middle Last N		
Member Owner				
First Name	Middle	Last	Name	
Co-owner(s)				
Permanent Mailing Address:	(Do not write in gray area	as)		1
Street			Apt. or Suite	
State			City	
Comments:				
		T	Zip Code	
Duissan's Lieunge on Olslah one	a ID# and E-m Data	Co. assert DI	an ID and Euro Da	4.0
Driver's License or Oklahom Please provide a copy	a ID# and Exp. Date	Co-owners DL		
Flease provide a copy			☐ Copy on File	e
IMPORTANT: Please prov	vide important conta	ct information	in the event that	we must contact
you about your customer bill				
contact information is the m				
	emocis responsiory.	i dilacistalia.	110050 111	iitiai.
PLEASE PROVIDE ALL	IMPORTANT PHO	ONE NUMBE	RS:	
Personal Cell Phone:				n/a 🗆
The Water Office may con	tact me by text mess	age: Yes 🗆 1	No 🗆	•
Home Phone:	<u> </u>			n/a 🗆
Work Phone:			-	n/a 🗆
Business Phone / Other:				n/a 🗆
Co-owner(s) Phone:				n/a \square
Personal Email				n/a 🗆
Work Email / Other				n/a \square
Emergency Number:				Please provide
Above * Please provide a nur	nber we may contact o	n your behalf in	order to get a mess	
1	,			<u> </u>
At times, we distribute impo	ortant information reg	garding outage	s, repairs or custor	mer related data.
As a member, I am requir				
You may remove yourself at	any time. I understar	nd:(Plea	se initial) Phone:_	
I would like to be contacted	by TEXT \square	Er	nail 🗆	
You may pay your bill by pl	none, online or by ph	one app with (Our Payment Serv	ice Network.
I would like to sign up for P	aperless Billing? Ye	s 🗆 No 🗆		