

The Town of
Coyle

116 West Main Street

P.O. Box 248

Coyle, OK 73027

P (405) 466-3741

F (405) 466-2644

townofcoyle.myruralwater.com

Application for Water, Sewer and Trash Service

Date _____

Applicant Name: _____

Date of Birth: _____ Social Security #: _____

Driver License #: _____ DL State: _____

Cell Phone #: _____ Home Phone #: _____

Service Address: _____

Mailing Address: _____

E-mail Address: _____

Spouse/Co-Occupant Name: _____ Phone: _____

Employment Information _____

Mailing Address _____

I have been informed and agree to the following conditions of service:

1. I am aware that the bill for service is due by the 15th day of each month.
2. I understand that unpaid accounts will be shut off on the 28th of the month unless previous arrangements have been made.
3. In case of a shut-off there will be a \$25.00 reconnect fee.
4. Bills may be paid by mail, online or at Town Hall thru the drive-thru or drop box.
5. Fire Dues will be may be added to my monthly water billing at a rate of \$5.00 per month. Initials _____

Signature _____

Deposit Amount \$ _____ Check/Money Order/Cash Acct #: _____