

ACCT#: _____ **BUFFALO PUBLIC WORKS AUTHORITY** R'cpt# _____

UTILITY SERVICE CONTRACT APPLICATION

SERVICE ADDRESS: _____ **SERVICE START DATE:** ____/____/____

Is address going to be occupied by applicant? YES NO Occupant is the: Owner Renter

LOCAL MAILING/BILLING ADDRESS: _____

City: _____ State: _____ Zip: _____

APPLICANT INFORMATION: *If application is for a Business: Business Tax ID#* _____

NAME: FIRST _____ MIDDLE _____ LAST _____

ID# and TYPE: _____ Driver's License or State ID Military Passport

State Issued: _____ Primary Phone#: _____ Cell Phone#: _____

Date of Birth: ____/____/____ SSN#: _____ Email: _____

Employer/Position: _____ Work Phone#: _____

Previous Residential Address: _____ City/St/Zip: _____

SPOUSE, CO-APPLICANT, ADDITIONAL OCCUPANT:

NAME: FIRST _____ MIDDLE _____ LAST _____

ID# and TYPE: _____ Driver's License or State ID Military Passport

State Issued: _____ Primary Phone#: _____ Cell Phone#: _____

Date of Birth: ____/____/____ SSN#: _____ Email: _____

Employer/Position: _____ Work Phone#: _____

Previous Residential Address: _____ City/St/Zip: _____

Do You Have a Dog(s): YES NO How Many # _____; Vaccinated? YES NO Tag#(s) _____

New Customer: YES NO **OWNER OCCUPIED DEPOSIT:** \$150; or **NON-OWNER OCCUPIED DEPOSIT:** \$250

UTILITY DEPOSIT, PHOTO ID, AND A CURRENT VALID MAILING ADDRESS MUST BE PROVIDED BEFORE SERVICES WILL BE CONNECTED.

I/WE AGREE THAT THIS APPLICATION FOR UTILITIES [WATER/PROJECT, TRASH, AND SEWER, WHEN ACCEPTED, WILL CONSTITUTE A BINDING CONTRACT BETWEEN MYSELF/OURSELVES AND THE TOWN OF BUFFALO | BUFFALO PUBLIC WORKS AUTHORITY [BPWA].

I/WE AGREE TO BE FULLY RESPONSIBLE FOR ALL UTILITY CHARGES ASSESSED TO ME/US AT THE ABOVE NOTED PROPERTY. I/WE AGREE TO PROMPTLY PAY FOR UTILITY SERVICES ACCORDING TO THE SCHEDULE OF UTILITY RATES IMPLEMENTED BY THE TOWN OF BUFFALO | BUFFALO PUBLIC WORKS AUTHORITY. I/WE AGREE TO COMPLY WITH ALL CURRENT AND FUTURE FEDERAL AND STATE LAWS, TOWN OF BUFFALO ORDINANCES AND REGULATIONS, AND TOWN OF BUFFALO PUBLIC WORKS AUTHORITY PROCEDURES AND GUIDELINES. APPLICANTS UNDERSTAND THAT THE ACCOUNT SECURITY DEPOSIT COLLECTED TO OPEN A NEW ACCOUNT WILL BE REFUNDED ONLY TO THE APPLICANT NAMED ABOVE AND ONLY AFTER THE ACCOUNT IS CLOSED AND ALL ACCOUNT CHARGES HAVE BEEN SATISFIED. ALL DOGS ARE REQUIRED TO HAVE A CURRENT RABIES VACCINE & BE REGISTERED ANNUALLY W/THE TOWN OF BUFFALO.

I/WE ACKNOWLEDGE AND AGREE THAT BUFFALO PWA MAY COLLECT, USE AND DISCLOSE TO ANY THIRD PARTY ANY AND ALL PARTICULARS RELATING TO MY/OUR PERSONAL INFORMATION FOR THE PURPOSES (I) PROVIDING THE REQUESTED SERVICES, (II) BILLING AND ACCOUNT MANAGEMENT (INCLUDING DEBT COLLECTION OR RECOVERY); (III) CONDUCTING SURVEYS OR OBTAINING FEEDBACK; (IV) INFORMING ME/US OF THEIR OR THEIR RELATED ENTITIES; AND BUSINESS AFFILIATES' SERVICES AND OFFERS [UNLESS I/WE DULY INFORM YOU OTHERWISE] AND (V) COMPLYING WITH ALL APPLICABLE LAWS AND REGULATIONS, AND BUSINESS REQUIREMENTS; FURTHERMORE, I/WE AUTHORIZE THE TOWN, BPWA, AND ITS VENDORS TO CONTACT ME/US BY ANY MEANS AVAILABLE NOT LIMITED BY CELL, TEXT OR EMAIL.

Due date for utility billing is by 4 pm on the 10th of each month. If the 10th falls on a weekend or holiday, bill is due by 8 am the following business day. Night drop box is available 24/7. Any payments received after this time will incur a 10% penalty fee. I/we understand that if I/we fail to pay the bill in full by the deadline specified in the late notice, I/we must pay a fifty dollar (\$50.00) late fee in addition to the total amount of the bill. Failure to pay the bill in full by the deadline specified in the cut-off notice will result in the water service to the premise being shut off and discontinued by the town administrator. I/we understand that the water service shall not be reinstated until the full amount of the bill and the fifty dollar (\$50.00) late fee have been paid in full. If the reinstatement of the water service is requested outside of normal business hours, the late fee shall be one hundred dollars (\$100.00) in addition to the total amount of the bill, all of which must be paid in full before the water service will be reinstated. I/we have read & agree with the above statement.

X _____ /____/____
APPLICANT SIGNATURE DATE

X _____ /____/____

FOR INTERNAL USE ONLY – Customer Account # _____ Deposit \$ _____ Rep: _____

(1)

() Rent () Own Property

Owner's Name/Landlord if Renting; _____

Have you ever had service with the Town of Buffalo? () Yes () No

If so, under name(s): _____

At address: _____

Reference/Last Utility _____

Contact: _____

Customers discontinuing service will do so in person, with signature required. Request by phone, fax, e-mail, or any other means are unacceptable. Customers are responsible for the bill until a signed request is received.

THE UNDERSIGNED JOINTLY AND SEPARATELY AGREE TO PAY THE ESTABLISHED RATE SET FORTH BY THE TOWN OF BUFFALO PER TOWN ORDINANCE. IT IS FURTHER AGREED THAT IF THE UNDERSIGNED PERMANENTLY LEAVES THIS ADDRESS, THEY ARE JOINTLY AND SEPARATELY RESPONSIBLE FOR ANY AND ALL BALANCES INCURRED BY SAID PREMISES. THE UNDERSIGNED AGREES TO ALL REGULATIONS GOVERNING SAID SERVICES.

BE IT KNOWN THAT THIS APPLICATION BECOMES A CONTRACT UPON ESTABLISHMENT OF SERVICES.

I / WE DO AGREE TO ALL OF THE ABOVE STATED TERMS WITHIN THIS CONTRACT.

CUSTOMER SIGNATURE

DATE

CO-APPLICANT SIGNATURE

DATE

UTILITY REPRESENTATIVE

DATE

(2)

TOWN OF BUFFALO DOG ORDINANCE

(580)735-2030

Buffalo, OK

(580)735-2253 fax

CONTRACT WITH TOWN OF BUFFALO

1. SECTION 4-121: RABIES VACCINATION REQUIRED; CERTIFICATE OF VACCINATION; TAGS:

- A) No person shall own, keep or harbor any dog within the town limits unless such dog is six (6) months of age or older is vaccinated for rabies annually.
- B) Unless the owner of any dog furnishes written proof that the dog has been vaccinated for rabies by a licensed veterinarian in the past twelve (12) months, the owner shall be guilty of an offense;
- C) When a veterinarian vaccinates a dog against rabies, he shall issue to the owner of such dog a metal tag or check evidencing such vaccination and the year of vaccination.
- D) It shall be the duty of the owner of the dog to attach the tag or check issues to him pursuant to Subsection C to the dog and it shall be unlawful for any person to remove such tag or check without the owner's consent.

2. SECTION 4-122: LICENSE REQUIRED:

- A) No person shall own, keep, harbor or have custody of any dog over six (6) months of age without first obtaining a license from the town clerk and paying the required fee.,
- B) The annual license fee for dogs shall be as set by the town board by motion or resolution., [Current annual license fee \$3 for males; \$5 for females not spayed, \$3 if spayed)
- C) This section shall not apply to the keeping of animals temporarily brought or kept within the town, nor to "seeing eye" dogs when the dog is actually used to aid a blind person.

3. SECTION 4-108: NUMBER OF DOGS RESTRICTED:

- A) No more than four (4) dogs, more than three (3) months of age, may be kept on any lot, premises or in any structure. Not more than one litter of puppies born to different female dogs may be kept on any lot or premises or kept in any structure.
- B) Licenses veterinary clinics and veterinary hospitals are exempt from the restriction. (Ord. 351, 11-8-2006)

4. SECTION 4-165: INVESTIGATIONS FOR VIOLATIONS OF CHAPTER:

- A) For the purpose of discharging the duties imposed by this chapter and to enforce its provisions, the animal control or health officers are empowered to call upon the residents of any premises upon which a dog or cat or small animal is kept or harbored, and to demand the exhibition by the owner of such dog or cat or small animal.
- B) The animal control or health officer, in the manner authorized by law, may enter the premises where any animal is kept in a reportedly cruel or inhumane manner and demand to examine such animal, and to take possession of such animal when, in his opinion, it requires humane treatment. The officer may demand, at the front door of any residence, exhibition by the owner of current animal licenses at any time.

5. ARTICLE G:

SECTION 4-171: PENALTY:

Any person violating any of the provisions of this chapter shall, upon conviction thereof, be punished as provided in Section 1-108 of this code.

Are there any dogs currently in your household? YES NO

If yes, how many? 1 2 3 4 _____ Rabies Tag #'s _____

Rabies and Town License Tags should be affixed to dog collar and worn at all times. Dogs should be kept in an enclosed area. Town ordinance Article C, Section 4-131 Impoundment Regulations states dogs are not to run at large or they are subject to being picked up and a fine assessed to the owner.

Utility Customer: _____ Date: _____ / _____ / _____

Date ____/____/____

ACCT#: _____

Rcpt # _____

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: _____

