

CONTRACT AGREEMENT FOR TRASH REMOVAL AND BILLING

TOWN OF OOLOGAH ❖ PO BOX 939 ❖ 225 WEST ALTA ❖ OOLOGAH OK 74053 ❖ PHONE: 918-443-2783

HOMEOWNER NAME: _____

MAILING ADDRESS: _____

SERVICE/RESIDENT NAME: _____

SERVICE ADDRESS: _____

PAYMENT SCHEDULE OPTIONS

PERIOD	FEE	ADD' CART ADD ON	TOTAL DUE TODAY	HOMEOWNER/RESIDENT INITIALS
MONTHLY	\$15.00	\$5.00		
QUARTERLY	\$40.00	\$15.00		
SEMI-ANNUALLY	\$80.00	\$30.00		
ANNUALLY	\$160.00	\$60.00		

PAYMENT DATE: _____ AMOUNT PAID: \$ _____

I UNDERSTAND THE FEE FOR TRASH REMOVAL SERVICE PROVIDED BY THE TOWN OF OOLOGAH (HEREINAFTER, "TOWN") WILL BE ACCORDING TO THE SCHEDULE ABOVE. AS A RESIDENT/HOMEOWNER, I HEREBY ENTER INTO THIS CONTRACT AGREEMENT FOR TRASH REMOVAL AT THE RATE AS INDICATED BY MY INITIALS AND SIGNATURE PER THIS AGREEMENT AND INCLUDED PAYMENT.

I UNDERSTAND IT IS THE CUSTOMER AND/OR HOMEOWNER'S RESPONSIBILITY TO NOTIFY THE TOWN IN WRITING PRIOR TO DISCONTINUING SERVICE. (NON-PAYMENT OF BILLS, CUSTOMER NOT PUTTING OUT GARBAGE, OR CUSTOMER INFORMING THEIR DRIVER DOES NOT CONSTITUTE DISCONTINUANCE OF SERVICE.) REFUNDS FOR REMAINING MONTHS OF SERVICE WILL BE ISSUED ONLY UPON WRITTEN NOTICE OF CANCELLATION TO THE TOWN, TO COMMENCE UPON THE DATE OF RECEIPT BY THE TOWN.

I AGREE TO THE TERMS AND PAYMENT OF THIS AGREEMENT. I HAVE READ AND UNDERSTAND THE TERMS OF SERVICE AND PROCEDURES. I UNDERSTAND THAT I WILL BE REQUIRED TO RENEW THIS AGREEMENT OR CHOOSE ANOTHER PAYMENT OPTION UPON EXPIRATION OF THIS AGREEMENT OR I WILL BE CHARGED THE REGULAR MONTHLY RATE.

Customer Signature

Date

FOR OFFICE USE ONLY

RECEIPT NUMBER: _____ CHECK NUMBER/CASH: _____ NEXT DATE DUE: _____

PAYMENT DATE: _____ AMOUNT PAID: \$ _____ APPROVED BY: _____
(Authorized Agent of Town of Oologah)

ACCOUNT # _____