

# UTILITY SERVICES APPLICATION



## APPLICANT INFORMATION

NAME:	EMAIL ADDRESS:
MAILING ADDRESS:	ID TYPE: <input type="checkbox"/> DRIVERS LICENSE OR STATE ID <input type="checkbox"/> PASSPORT <input type="checkbox"/> MILITARY
CITY, ST ZIP	ID NUMBER: ID STATE ISSUED:
PHONE #:	

## PROPERTY INFORMATION

ADDRESS:	LANDLORD NAME (IF APPLICABLE):
OWNERSHIP STATUS: <input type="checkbox"/> OWNER OCCUPIED <input type="checkbox"/> RENTAL	LANDLORD PHONE # (IF APPLICABLE):
PROPERTY TYPE: <input type="checkbox"/> RESIDENTIAL <input type="checkbox"/> COMMERCIAL	

## OPTIONAL CREDIT INFORMATION

IF YOU WOULD LIKE TO BE CONSIDERED FOR A REDUCED DEPOSIT AMOUNT, PLEASE PROVIDE THE FOLLOWING CREDIT INFORMATION AND SIGN THE APPLICATION.

SSN (OR EIN IF THE APPLICANT IS A BUSINESS):	CURRENT ADDRESS (OR PREVIOUS IF WITHIN 30 DAYS):	
PLEASE PROVIDE THREE CREDIT REFERENCES:		
NAME:	ADDRESS:	PHONE #:
NAME:	ADDRESS:	PHONE #:
NAME:	ADDRESS:	PHONE #:

## EMERGENCY CONTACT

WHO WOULD YOU LIKE US TO CONTACT IN AN EMERGENCY? MUST HAVE FULL ADDRESS AND PHONE NUMBER OF SOMEONE NOT LIVING AT THIS ADDRESS.

NAME:	PHONE #:
MAILING ADDRESS:	EMAIL ADDRESS:
CITY, ST ZIP	RELATIOINSHIP TO APPLICANT:

## SERVICES PROVIDED

<input type="checkbox"/> WATER, SEWER, GARBAGE COLLECTION	TOTAL POLY CARTS: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
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## FINISH AND SIGN

The applicant agrees to pay the adopted rates set forth by the City Council of the City of Crescent / Crescent Public Works Authority and follow regulations governing said services. This application becomes a financial contract upon the establishment of utility service. I understand that if granted a reduced deposit amount, my late payment history may cause an increased deposit amount to be billed.

SIGNATURE

DATE

## OFFICE USE ONLY

ACCOUNT # \_\_\_\_\_

METER S/N # \_\_\_\_\_

METER RFID \_\_\_\_\_



TITLE VI OF THE CIVIL RIGHTS ACT OF 1964 REQUIRES THE RECIPIENTS OF FEDERAL ASSISTANCE, COMPILE RACE/ETHNIC INFORMATION ON APPLICATIONS TAKEN, WHICH IS UTILIZED BY THE GOVERNMENT FOR MONITORING PURPOSES.

### INFORMATION FOR GOVERNMENT MONITORING PURPOSES

The following information as 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 finish this information, but are encouraged to do so. The law provides that an entity, Orland, or 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 base of visual, observation or surname. If you do not wish to finish this information, please check below:

#### APPLICANT

☐ I don not wish to furnish this information.

Race/National Origin (Select one or more)

- ☐ American Indian or Alaska Native  
☐ Native Hawaiian or other Pacific Islander  
☐ Black or African American  
☐ Hispanic or Latino  
☐ White  
☐ Other (specify) \_\_\_\_\_

Sex: ☐ Female ☐ Male

#### CO-APPLICANT

☐ I don not wish to furnish this information.

Race/National Origin (Select one or more)

- ☐ American Indian or Alaska Native  
☐ Native Hawaiian or other Pacific Islander  
☐ Black or African American  
☐ Hispanic or Latino  
☐ White  
☐ Other (specify) \_\_\_\_\_

Sex: ☐ Female ☐ Male

#### TO BE COMPLETED BY INTERVIEWER:

T 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: \_\_\_\_\_

205 North Grand Crescent, Oklahoma 73028 (405) 310-8200 TDD/TTY - 711  
[www.cityofcrescent.com](http://www.cityofcrescent.com)

## **Water meter ambulance subscription fee**

### **What is it?**

Water meter ambulance subscription fee is a separate fee that will automatically show up on your water bill beginning April 2017. The proceeds from this fee are collected by the city, then passed along to the current ambulance service provider, in this case Miller EMS. Miller EMS utilizes the funding to keep ambulance service available to Crescent. The program is a great way to help keep ambulance services available to Crescent and saves YOU money.

### **How does it benefit me?**

Ambulance transport, just like any other healthcare related expense, can be costly. Even if you have insurance you, the patient, are generally responsible for co-pay or some type of patient responsibility portion of the bill. If you aren't insured, you could be facing an enormous ambulance transport bill alone. As a participating member, you, and all permanent members of your household, will receive reduced or eliminated out-of-pocket expense if you have to utilize the ambulance. In addition to this, you will not be billed a callout fee if you call for an ambulance and then refuse service, up to three times a year and even more on a case by case basis. (Call out fees are \$125 per occurrence)

### **Benefit to insured members**

If an insured member utilizes the ambulance, the ambulance service will take what insurance pays and will write off the rest of the bill, resulting in cost free ambulance service for the insured member.

### **Benefit to non-insured members**

If an uninsured member utilizes the ambulance, they will receive a 40% reduction in their ambulance bill and will automatically be eligible for a payment plan to help them manage the remaining portion of the bill.

### **Businesses are also covered**

Business owners can take advantage of the program as well. As a business participant, all of your employees and patrons are covered by the program while on your business premises. The business subscription also covers the business owners residence, and all permanent members of that household just as the residential subscription would. This prevents business owners from having to maintain two subscriptions. In order for the business owners residence to be included it must be within a Miller EMS service area.

### **Additional benefits**

Because Miller EMS is the ambulance provider for Crescent. Your benefits provided by this program are applicable inside any Miller EMS service area. For example, Miller EMS is also the ambulance provider for neighboring Cashion, Oklahoma. If you are a member of this program, get sick or injured in Cashion and are transported by Miller EMS ambulance your benefits remain intact. Miller, EMS provides service in about eight communities across Oklahoma.

### **Rates**

Rates you will see on your water bill are as follows:

Residential account:	\$7.00/month
Commercial account:	\$14.00/month
Industrial account:	\$18.00/month

Rates are determined based on several factors, including the approximate or anticipated volume of people covered by this program, type of facility covered by the program, and type of work performed at the facility. It should be noted that commercial businesses with four or fewer employees will be able to participate in the program at the residential rate.

**What if I don't want to participate?**

The water meter ambulance subscription is automatic. Which means it will automatically show up on your water bill and you will be required to pay it. If you feel the ambulance subscription program is not for you, simply return the enclosed opt out form to City Hall and you'll be removed from the program. You can remove yourself any time by visiting City Hall. However, you will be responsible for paying the fee on any previous billing cycles that are lapsed from the time the fee goes into affect to the time you visit City Hall.

**I opted out of the program, but now I want back in**

The opt-in period for the ambulance subscription plan is between January 1 and March 1 of each year and will be the only time you can re-enter the program after opting out.

**Questions or concerns?**

If you require assistance understanding the program or have questions, please direct those concerns to **Miller EMS at 877-395-0911** or email [mems@millerems.com](mailto:mems@millerems.com)



To opt out of the program please fill out this form and return to City Hall.

I do not wish to participate in the ambulance subscription program. Please remove the following account from the program.

Name on utility bill: \_\_\_\_\_

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

Account #: \_\_\_\_\_

Signature: \_\_\_\_\_