

Town of Calumet
 Calumet Public Works Authority
 118 W. Second Street
 PO Box 190 Calumet, OK 73014

Contract for New Water/Sewer/Garbage/Ambulance Service

SERVICE ADDRESS:		
NAME:		
MAILING ADDRESS:		
CITY:	STATE:	ZIP CODE:
PRIMARY PHONE:	SECONDARY PHONE:	
HOW DO YOU WANT TO RECEIVE YOUR BILL? <input type="checkbox"/> MAIL <input type="checkbox"/> EMAIL <input type="checkbox"/> BOTH		
EMAIL ADDRESS:		

APPLICANT AGREES TO THE FOLLOWING:

1. To pay for the water consumed at the rate prescribed by ordinance at the time the water is consumed.
2. To recognize the right of the Town of Calumet to change the rate by ordinance at any time.
3. To recognize the right of the Town of Calumet to temporarily discontinue water service at any time without notice to the consumer, to install, repair or remove a water meter or for any other proper cause.
4. This contract is subject to all the ordinances in effect at the time of making the contract and which may be passed and go into effect thereafter.
5. The Town of Calumet shall not be responsible for any damage by water or other cause resulting from defective plumbing or appliances, and that the fact that an agent of the Town of Calumet has inspected plumbing or appliances shall not be pleaded as a basis for recovery in case of damage to the premises from defective plumbing or appliances installed by the owner or occupant of such premises.
6. The Town of Calumet shall not be liable for damages resulting from the interruption or failure of the supply of water, regardless of the cause thereof; and that such failure for any reasonable amount of time shall not be held to constitute a breach of contract on the part of the Town of Calumet nor relieve the consumer from performing the obligations of his contract; and

7. That the water deposit, or so much thereof as may be necessary, may be retained by the Town of Calumet and applied by the Town of Calumet on any unpaid water bill of the consumer; and providing further that unless the water deposit is claimed by the consumer within six (6) months after the consumer ceases to use the water or within six (6) months after the water is turned off for any cause by the Town of Calumet, then the consumer forfeits all right, title or interest in and to the water deposit.

8. A ten percent (10%) penalty of the full amount owed on a utility bill is added to any utility bill which is not paid by the due date of the bill.

9. Water will be shut off after written notice if the bill remains unpaid as of ten (10) days after the due date on the bill.

10. If water is shut off, there will be a reconnection fee of \$25.00. Water can only be reconnected during regular office hours, M-F 8:00 am - 4:30 pm.

Applicant Signature

Date

FOR OFFICE USE ONLY						
SERVICES REQUESTED						
<input type="checkbox"/> RESIDENTIAL	<input type="checkbox"/> COMMERCIAL	<input type="checkbox"/> WATER	<input type="checkbox"/> SEWER			
<input type="checkbox"/> GARBAGE:	RES-PC	COMM-PC	2YD	4YD	6YD	8YD
<input type="checkbox"/> AMBULANCE						
DL/ID#:		STATE:		FEIN:		
NOTES:						
DEPOSIT: \$150.00	<input type="checkbox"/> CASH	<input type="checkbox"/> CHECK	<input type="checkbox"/> MONEY ORDER	<input type="checkbox"/> CC		
ACCOUNT #:			ROUTE:			
<input type="checkbox"/> SERVICE ORDER CREATED			<input type="checkbox"/> CPWA CARD CREATED			
<input type="checkbox"/> OEMA WORK ORDER SENT						

Clerk Signature

Date

Recurring ACH Payment Authorization Form

You authorize regularly scheduled charges to your checking/savings account. You will be charged the full amount of each monthly utility bill issued by the Calumet Public Works Authority. The Charge will appear on your bank statement as an "ACH Debit". You agree that no prior notification will be provided unless the date changes, in which case you will receive notice from us at least 10 days prior to the payment being collected.

I _____ authorize the *Calumet Public Works Authority* to charge my bank account, indicated below, on the 5th of each month. This payment is for Utility Services provided by the Town of Calumet/Calumet Public Works Authority.

Utility Account Information

Name on Utility Account _____

Billing Address _____ Phone # _____

City, State, Zip _____

Bank Details (a voided check is required)

Checking Savings

Account Name _____

Bank Name _____

Routing Number _____

Account Number _____



I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify the Calumet Public Works Authority in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted payment date falls on a weekend or holiday, I understand that the payment may be executed on the next business day. For ACH debits to my checking/savings account, I understand that because these are electronic transactions, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. In the case of an ACH transaction being rejected for Non-Sufficient Funds (NSF), I understand that the Calumet Public Works Authority may, at its discretion, attempt to process the charge again within 5 days, and agree to an additional \$30.00 charge for each attempt returned NSF. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I certify that I am an authorized user of this bank account and will not dispute these scheduled transactions with my bank; so long as the transactions correspond to the terms indicated in this authorization form.

SIGNATURE _____

DATE _____

OPT OUT FORM

All Town of Calumet utility customers are automatically enrolled in the Pafford EMS membership program through The Town of Calumet monthly water bill. The charge of \$7.50 per month is in addition to the water usage portion and as such, covers the membership fee of that residential household according to the Pafford EMS membership agreement. Each membership is based on a yearly schedule.

To opt-out of the Town of Calumet Pafford EMS water utility assessment membership fee, please complete and sign the form below, **FOR EACH ACCOUNT**. The completed and signed form must be received by the Town of Calumet no later than **April 30TH**

Name on utility account: _____

Address: _____

Utility account number: _____

Phone: _____ Email: _____

Initial or acknowledge each statement:

_____ I acknowledge that I am voluntarily choosing to opt-out and to NOT participate in the Pafford EMS membership program.

_____ I understand that this opt-out decision will include all members of my residence, as defined in the Pafford EMS membership agreement.

_____ I understand that my opting out of the Pafford EMS membership program will not in any way affect the response of Pafford EMS. All Town of Calumet citizens who require medically necessary ambulance services will receive those services regardless of membership status and regardless of their ability to pay. Opting out of this program will have no effect on the Pafford EMS ambulance response, the timeliness of the response, or the hospital destination. All requests for EMS services within the Town of Calumet contracted area will receive ambulance service in accordance with all Federal, State, and local rules and regulations.

_____ I understand that by choosing to NOT participate in the Pafford EMS membership program that I and any of my household will be responsible for all out-of-pocket ambulance costs, including insurance co-pays, if any, insurance or other third-party payor deductible amounts, if any, and/or the total cost of ambulance transportation in the case of no available insurance or other payor or when the insurance or other payor elects not to pay.

_____ I understand that I and members of my household will not be able to re-enroll until the next open enrollment period of May, 1ST and that this opt-out election will be for the following 12 months **without exception**.

Signature of account holder

Date

Received by Town of Calumet – Signature

Date



TOWN OF CALUMET
*Monthly Utility Rates**

Water

Minimum monthly charge up to 1,000 gallons: **\$16.50**

Next 1,000 gallons - \$.0035 per gallon
Next 1,000 gallons - \$.00375 per gallon
Next 1,000 gallons - \$.004 per gallon
Next 1,000 gallons - \$.00425 per gallon
Next 1,000 gallons - \$.0045 per gallon
Next 1,000 gallons - \$.00475 per gallon
Next 1,000 gallons - \$.005 per gallon
Next 1,000 gallons - \$.00575 per gallon
Next 1,000 gallons - \$.0065 per gallon
10,001 gallons and up - \$.008 per gallon

Sewer

\$24.25 New Customer Starting Rate. This will be re-evaluated on April 1st of each year, based on water consumption from Dec. 1st to Mar. 31st, using the following rates:

Minimum Monthly Charge up to 1,000 Gallons: **\$16.75**

Next 1,000 gallons - \$.0015 per gallon
Next 1,000 gallons - \$.00175 per gallon
Next 1,000 gallons - \$.002 per gallon
Next 1,000 gallons - \$.00225 per gallon
Next 1,000 gallons - \$.00225 per gallon
Next 1,000 gallons - \$.00225 per gallon
Next 1,000 gallons - \$.0025 per gallon
Next 1,000 gallons - \$.0025 per gallon
Next 1,000 gallons - \$.00275 per gallon
10,001 gallons and up - \$.003 per gallon

Garbage

Residential Poly Cart: \$16.26
Commercial Poly Cart: \$31.49
Commercial 2 yard: \$56.30
Commercial 4 yard: \$71.31
Commercial 6 yard: \$91.35
Commercial 8 yard: \$103.84

Ambulance Membership, OPTIONAL – **\$7.50** a month fee. Enrollment period is at the start of a new service and April 1st – 30th of each year.

BILLS ARE ISSUED BY THE 24TH OF EACH MONTH AND ARE DUE BY THE 10TH OF THE FOLLOWING MONTH, A 10% LATE FEE IS APPLIED IF NOT PAID BY THE DUE DATE. WATER WILL BE SHUT OFF FOR NON-PAYMENT ON THE 20TH OF EACH MONTH FOR THE PRIOR MONTHS BILL. IF WATER IS SHUT OFF FOR NON-PAYMENT, A RECONNECTION FEE OF \$25.00 WILL BE ADDED TO YOUR NEXT BILL. TAMPERING WITH A METER, WILL RESULT IN A FINE.

**Rates passed by Resolution November 3, 2022.*

Rates are subject to change, without notice, by motion, resolution, or ordinance.

TRASH SERVICES/GUIDELINES FOR THE TOWN OF CALUMET

Regular Service:

- Trash pick-up - Tuesday (Poly carts) & Thursday (Frontload Containers)
- Poly carts shall be placed curbside by 6:00 A.M.
- If the poly cart is not by the road in time for pick-up, an additional charge for OEMA to come back and pick up will apply. OEMA has 24 hours to get a missed pick up.
- Collection Hours are 6:00 A.M. to 7:00 P.M.

Additional Services:

- You have the option of a Curb side bulk pick up, once a quarter, for 3 cubic yards of trash - \$30.00 Charge (added to your next month's bill) - OEMA requires a 48hr notice.

Bags in addition to polycart:

Plastic bags manufactured for the storage of yard waste weighing 30 pounds or less
October 1st through April 30th – up to 3 bags per pickup
May 1st through September – up to 5 bags per pickup

Boxes (Wooden or Cardboard):

Weighing 30 pounds or less
Less than 10 cubic feet
Up to 3 boxes per pickup

Tree Limbs/Brush:

Less than 4 inches in diameter
Securely tied
Bundled no larger than 48 inches long and 18 inches in diameter
Bundles must weigh 50 pounds or less

Items NOT to be disposed of in your trash container:

- Wood Pallets
- E-Waste (computers, televisions, electronics, etc.)

- Appliances (dryers, grills, refrigerators, stoves, washers, etc.)
- Building Materials (concrete, drywall, tile, roofing materials, etc.)
- Demolition Material (ashes, clay, gravel, rock, sand, etc.)
- Fluorescent Light Bulbs and Ballasts
- Hazardous Materials, Medical Waste and Pool Chemicals
- Lawn Mowers and Other Lawn Equipment
- Liquid Waste (gasoline, septic, motor oil, pesticides, insecticides, etc.)
- Whole Tanks (acetylene, gas, oxygen, propane, Freon, sealed drums)
- Tree Branches (no larger than 6" diameter or longer than 4' in length)
- Mattresses
- Tires
- Paint and Solvents
- Roofing Materials
- Treated Lumber
- Vehicle Parts
- Barbed Wire, Bale Wrap and Twine
- Furniture (sofas, chairs, etc.)
- Metal Items
- Dead Animals

This is **NOT** a complete list. Please note that if any inappropriate items are being disposed of, OEMA will not be able to empty your container. For more information or appropriate disposal options please feel free to contact OEMA's Administrative Office at (405) 262-0161.

LANDFILL:

OEMA operates the solid waste landfill at 20435 SW 29th Street, Union City, OK 73090.

Hours of operation are Monday – Friday 7:30 am to 5:30 pm and Saturdays 8 am to Noon.

Please contact the Landfill Office at (405) 483-5402 for questions on acceptable items.