

## Certification Letter for Victim of Domestic Violence for Waiver of Utility Deposit:

A victim of domestic violence<sup>1</sup> may be eligible to have their utility deposit waived when starting or transferring certain utility services provided by the Tahlequah Public Works Authority. This form serves to certify that the person listed below is a victim of domestic violence and has demonstrated satisfactory credit for the purposes of starting or transferring electric, water, and/or wastewater service.

This completed form may be used in lieu of a deposit for electric, water, and/or wastewater utilities provided by the Tahlequah Public Works Authority. It is NOT applicable to Northeast Oklahoma Public Facilities Authority (NOPFA) or to any other utility provider. Requirement of deposit must be waived for the Applicant below for electric, water, and/or wastewater service, subject to submission of this completed form. A person seeking to have their deposit waived may do so in one of the following ways:

- 1. By providing this form along with a protective order<sup>2</sup> of an incident of such violence within thirty (30) days of the date of the order; or
- 2. By providing this completed form signed by a representative of Help-In-Crisis ("Certifying Agency<sup>3</sup>") within thirty (30) days of signature; or
- 3. By providing this form signed by a representative of the Tahlequah Police Department<sup>4</sup> within thirty (30) days of signature

Applicant Name:	
Applicant Date of Birth:	
	TTACHED TO THIS FORM, A CERTIFYING AGENCY COMPLETE THE FOLLOWING SECTIONS**
SECTION 1: CERTIFYING AGENCY:	
victim of domestic violence, stalking, or harass Oklahoma Statutes or Section 644 of Title 21 of	(Name of Applicant for Service) is a sment, as defined in Section 109 of Title 43 of the of the Oklahoma Statutes, and therefore has demonstrated ing service. The requirement of deposit shall be waived for ng Agency is required.)
information gathered at the time of intake/asses	ertifying Agency has determined that, based on the ssment/provision of services, the above-named Applicant was assessed to be a victim of domestic violence.
Agency Name:	
Contact Number:	
Signature:	
Title:	
Date:	

## SECTION 2, REPRESENTATIVE OF THE TAHLEQUAH POLICE DEPARTMENT:

By my signature I certify that I have personally responded to or have confirmed via internal records that an officer of the Tahlequah Police Department has responded to an incident occurring within the municipal boundaries of the City of Tahlequah where the above-named Applicant was reported to be a victim of domestic violence.

Department Representative Signature:
Department Representative Printed Name:
Badge Number (if applicable):
Date:
This form expires ninety (90) days from the date of the signature of the certifying individual.  Forms may be submitted in person at 710 West Choctaw, Tahlequah, OK 74464 or by mail to TPWA, P.O. Box 29, Tahlequah, OK 74465
<ol> <li>For the purposes of this waiver, "domestic violence" means the threat of the infliction of physical injury, any act of physical harm or the creation of a reasonable fear thereof, the intentional infliction of emotional distress by a present or former member of the household, against any member of the household, including coercive control by involving physical, sexual, psychological, emotional, economic or financial abuse. This definition is mean to encompass all scenarios contemplated by 43 O.S. § 109(I)(2)(a), 21 O.S. § 644.1, and 22 O.S. § 60.1 et seq.</li> <li>Both a victim protective order (VPO) or emergency protective order (EPO) qualify. This is meant to mirror the requirements of 41 O.S. § 111(f).</li> <li>Only one Certifying Agency is required.</li> <li>A representative of the Tahlequah Police Department may certify if the following circumstances are present: (1) the officer has personally responded to or who can confirm through internal records that another officer has responded to (2) an incident that occurred within the City of Tahlequah where (3) the applicant was reported to be a victim of domestic violence.</li> </ol>
FOR TPWA USE ONLY:

Date of Submission: \_\_\_\_\_ CSR Initials: \_\_\_\_\_ Entered into Caselle: \_\_\_\_\_