



RESIDENTIAL APPLICATION FOR UTILITY SERVICE

All information must be completed for service to begin. Everyone living at the service address 18 years of age and older is required to be on this application. All occupants must submit valid ID and all information requested.

Return completed applications by **EMAIL:** newaccounts@edmondok.com **MAIL:** City of Edmond, Attn: New Accounts or **visit our office** located at 7 North Broadway Edmond, Oklahoma 73034

New Accounts Hours 7:30 am to 5:30 pm Monday – Thursday 7:30 am to 11:30 am Friday

(Please print)

Service Address _____ **Beginning Service Date** _____

Is address going to be occupied? Yes No **Occupant is the:** Owner Renter

Mailing Address *(If different from the above service address)* _____

City _____ **State** _____ **Zip** _____

Account Holder Information: Everyone living at the above service address 18 years of age and older is required to be on this application.

Legal Name First _____ **Middle** _____ **Last/Suffix** _____

ID# and Type _____ **Drivers License or State ID** **Military** **Passport**

State Issued _____ **Country Issued** _____ **Choose a 4-digit security pin#** _____

Sevis # (student & exchange visitor ID) _____ **Primary Phone #** _____

Date of Birth _____ **Last 4 SSN#** _____ **Email address** _____

Employer/Position _____ **Work Phone** _____

Previous residential address _____ **City/State** _____

Co-Account Holders Information:

Others living at this service address 18 yrs of age and older are required to provide a valid ID, their information and sign this form.

Legal Name First _____ **Middle** _____ **Last/Suffix** _____

ID# and Type _____ **Drivers License or State ID** **Military** **Passport**

State Issued _____ **Choose a 4-digit pin#** _____ **Cell Phone #** _____

Sevis # (student and exchange visitor ID) _____ **Relationship to Primary** _____

Date of Birth _____ **Last 4 SSN#** _____ **Email address** _____

Employer/Position _____ **Work Phone** _____

Previous residential address _____ **City/State** _____

Legal Name First _____ **Middle** _____ **Last/Suffix** _____

ID# and Type _____ **Drivers License or State ID** **Military** **Passport**

State Issued _____ **Choose a 4-digit pin#** _____ **Cell Phone #** _____

Sevis # (student and exchange visitor ID) _____ **Relationship to Primary** _____

Date of Birth _____ **Last 4 SSN#** _____ **Email address** _____

Employer/Position _____ **Work Phone** _____

Previous residential address _____ **City/State** _____

Emergency Contact:

In case of an emergency who would you like for us to contact?

Must have full address and phone number of someone not living at this service address.

Emergency Contact _____ **Relationship to Primary** _____

Address _____ **Phone #** _____

City / Zip _____

Account Contact Information for this service address.

Primary phone # for the account: _____

Primary email address: _____

**** The Primary phone # on the account will be used for auto dial reminder calls and voice messages.****

COMPLETE AND SIGN NEXT PAGE

Utility Customer Service Programs

Details can be found on our website www.edmondok.com

EMSACare: Emergency ambulance service (EMSA). The program cost is \$3.00 per month and billed on your utility statement each month. This program is for all occupants. Everyone over the age of 18 must be on the utility account. Changes to enrollment may be made each year in October. Would you like to enroll at this time? Yes No

New Resident List Would you like to be included in a public record mailing list for solicitation purposes? Yes No

Solid Waste/ Trash Pick-up

We supply one trash cart, and one recycle cart for the monthly base rate charge. Extra trash carts may be requested for an additional monthly charge of \$7.00 each. Trash pick-up is weekly, recycle pick-up is every other week.

How many Solid Waste trash carts would you like? _____

Payment Options

Auto Draft Yes (Voided check required) No

By selecting yes, I authorize the City of Edmond to begin monthly recurring bank drafts from my checking account for payment of my utility bills. I understand the City of Edmond reserves the right to end my participation in the Automatic Bank Draft program.

eCity <https://link.edmondok.com> Sign up to view and pay your statement from anywhere with internet access for free.

Telepay (405) 359-4541 Available 24 hours a day, 7 days a week, you may pay your City of Edmond utility statement over the telephone using a debit /credit card or check. There is no fee for this service.

Payment Kiosks For a quick, convenient, and secure payment **with no additional fee**, please visit our kiosk located at the Utility Customer Service office at 7 North Broadway.

We have six additional Kiosk locations conveniently located in Edmond. There is an additional fee for these locations.
Homeland Supermarket at 1151 N Bryant - Crest Foods at 2200 W 15th St.
7-11 at 1500 S Boulevard, 1230 N Kelly Ave, 112 S Bryant and 325 S Ayers.

To view these and other programs we have to offer to our Edmond residents visit our website at www.edmondok.com

Is any resident in this home on Kidney Dialysis? Yes No Name _____
If yes is the Kidney Dialysis treatment in home? Yes No *Name of the individual who is on Kidney Dialysis.*

If at ANY time a member of household starts in home Kidney Dialysis please notify our office immediately!

The completed application along with a deposit or an approved Letter of Prior Payment history from your previous electric provider must be received before service can be started. Service orders will be completed the next business day.

A service order charge of \$25.00 will appear on your first statement.

A copy of the photo ID for all individuals 18 years of age and older listed on the reverse side is required.

A lease agreement will be required for all individuals who rent (or rent to own) their residence.

The Primary and Joint Owners of this account agree to pay adopted rates set forth by the City Council for the City of Edmond/ Edmond Public Works Authority and follow regulations governing said services. This application becomes a financial contract upon the establishment of utility service. I understand if on a Letter of Prior Payment History and no longer meet the requirements I will be billed a deposit.

Each occupant must sign and create a 4 Digit Identification Number (PIN)

Account Holders' Signature: _____

PIN#

Co-Account Holders' Signature: _____

PIN#

Co-Account Holders' Signature: _____

PIN#

Office use only

Account # _____

Deposit _____

Application revised 9/2020