



## RESIDENTIAL APPLICATION FOR UTILITY SERVICE

Completed Applications must be received at least 1 business day prior to your service start date. A service order charge of \$25.00 will appear on your first statement.

### Required Documentation

- Completed Application
- Copy of Government Issued photo ID for all individuals 18 years of age and older
- Lease agreement will be required for all individuals who rent (or rent to own) their residence
- Deposit or qualifying Letter of Prior Payment history from your previous **electric** provider
  - Owner Deposit = \$100
  - Renter/Mobile Home Deposit = \$200

In order to protect your personally identifiable information, return completed application and required documentation by encrypted/confidential **EMAIL:** [newaccounts@edmondok.com](mailto:newaccounts@edmondok.com) or by **Fax:** City of Edmond, Attn: New Accounts 405-359-4576.

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

*(Please print)*

**Service Address** \_\_\_\_\_ **Service Start Date** \_\_\_\_\_

**Will you be occupying the address?** Yes  No  **Are you 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** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_ **Last 4 SSN#** \_\_\_\_\_

**Primary Phone #** \_\_\_\_\_ **Email address** \_\_\_\_\_

**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** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_ **Last 4 SSN#** \_\_\_\_\_

**Relationship to Primary** \_\_\_\_\_

**Cell Phone #** \_\_\_\_\_ **Email address** \_\_\_\_\_

**Previous residential address** \_\_\_\_\_ **City/State** \_\_\_\_\_

**Legal Name First** \_\_\_\_\_ **Middle** \_\_\_\_\_ **Last/Suffix** \_\_\_\_\_

**ID# and Type** \_\_\_\_\_  Drivers License or State ID  Military  Passport

**State Issued** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_ **Last 4 SSN#** \_\_\_\_\_

**Relationship to Primary** \_\_\_\_\_

**Cell Phone #** \_\_\_\_\_ **Email address** \_\_\_\_\_

**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** \_\_\_\_\_

**\*\* 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](http://www.edmondok.com)

**EMSA Care:** 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

**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 additional Solid Waste trash carts would you like? \_\_\_\_\_

**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.

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 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)**

*Each party agrees that this Agreement may be electronically signed, and that any electronic signatures appearing on this agreement are the same as handwritten signatures for the purposes of validity, enforceability, and admissibility.*

Account Holders' Signature: _____	<b>PIN#</b>	<input type="text"/>
Co-Account Holders' Signature: _____	<b>PIN#</b>	<input type="text"/>
Co-Account Holders' Signature: _____	<b>PIN#</b>	<input type="text"/>

**Office use only**

Account # _____	Deposit _____	Conf # _____
EMSA _____	AutoDraft _____	SW Cart Total _____