



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

Return completed applications by **EMAIL:** newaccounts@edmondok.com **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

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

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

Office use only

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