



Account # _____ Deposit _____ Receipt # _____

COMMERCIAL APPLICATION FOR UTILITY SERVICE

Please print information. Return to the City of Edmond at 7 North Broadway or email newaccounts@edmondok.com or fax to 405-359-4576. Please submit completed application, signed by a duly authorized officer of your corporation, LLC or sole proprietorship and the following documents:

Corporations will need to provide: A copy of the Certificate of Incorporation with the State seal, the first and signature pages of the "Articles of Incorporation."

LLCs will need to provide: A Copy of the Certificate of Limited Liability Company with the State Seal, the first and signature pages of the "Operating Agreement."

CORPORATION: _____ **LIMITED LIABILITY COMPANY:** _____ **SOLE OWNER:** _____

COMPANY NAME _____ **DBA:** _____

SERVICE ADDRESS: _____ **SERVICE START DATE:** _____

MAILING ADDRESS: _____ **CITY/STATE:** _____ **ZIP:** _____

FEIN#: _____ **BUSINESS TYPE:** _____ **OCCUPIED:** YES NO

PRIMARY#: _____ **CELL#:** _____ **BUSINESS/WORK#:** _____

E-MAIL ADDRESS FOR BUSINESS: _____

BILLING CONTACT NAME: _____ **PHONE#:** _____

CORPORATE ADDRESS (If applicable): _____

PRES/MEMBER: _____ **VICE PRES/MEMBER:** _____

PRES/MEMBER PH#: _____ **DOB:** _____ **DL#:** _____ **ST:** _____ **PIN#** _____

VP/MEMBER PH#: _____ **DOB:** _____ **DL#:** _____ **ST:** _____ **PIN#** _____

SOLE OWNER: _____ **LAST 4 SSN#:** _____ **PHONE#:** _____

AUTHORIZED TO DO BUSINESS ON COMPANY'S BEHALF: (4 Digit Pin #)

NAME: _____ **DOB:** _____ **CELL#** _____ **PIN#** _____

NAME: _____ **DOB:** _____ **CELL#** _____ **PIN#** _____

EMERGENCY CONTACT: _____ **PHONE:** _____
(DO NOT USE ANY ONE ON THIS CONTRACT OR LIVING WITH YOU)

ADDRESS: _____ **CITY:** _____ **ST:** _____ **ZIP CODE:** _____

RELATIONSHIP TO OWNER/BUSINESS: _____

The undersigned agrees to pay established rates set forth by City of Edmond ordinances and agrees to regulations governing said services. This application becomes a contract upon the establishment of service. I understand that my company or I will be responsible to pay the bill. The completed application, required documents and deposit must be received before service can be started. A service order charge of \$25.00 will appear on your first statement.

PRINT NAME: _____ **PHONE#:** _____

DATE OF BIRTH: _____ **DL#:** _____ **STATE:** _____ **PIN#** _____

SIGNATURE: _____ **DATE** _____

Application #: _____

Clerk: _____

APPLICATION FOR CHANGE OF OCCUPANCY

Today's Date: _____

Anticipated Move In Date: _____

Name of Business: _____

Type of Business: _____

Business Address: _____

Print Name of LLC/INC Member or Owner: _____

Mailing Address: _____

Phone Number: _____

If know, what was the previous business at this location? _____

Are you making any modifications to this location? Yes No

(Modifications are defined as minor/major construction, and/or any electrical, plumbing and mechanical work.)

Do you handle any food product including prepackaged food? Yes No

A Certificate of Occupancy is required to show compliance with the current codes as adopted by the City of Edmond and to obtain permanent electric service.

Non-Compliance with municipal codes or ordinances could result in the termination of electrical and other services provided by the City of Edmond. This application for occupancy and all services will expire 30 days from the above date without written extension from the Fire Marshall or other municipal officials.

I have read the above information and will fully comply.

Signature – Needs to be a Member of the Corporation/ LLC or Owner/Authorized Agent