



APPLICATION FOR UTILITY SERVICE

All information must be completed for service to begin. Everyone living at the service address over the age of 18 must be included on the application. Completed applications can be returned by Mail: **City of Edmond, Attention Utility Customer Service, PO Box 2970, Edmond, OK 73083-2970; Fax: (405) 359-4576 or Email: newaccounts@edmondok.com**. The Utility Customer Service office is located at 7 North Broadway in Edmond, Oklahoma.

New Accounts Hours

8 AM to 6 PM Monday - Thursday

8 AM to 5 PM Friday

9 AM to Noon Saturday

(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 service address) _____

City _____ State _____ Zip _____

In care of _____

Account Holder: Everyone living at the service address over the age of 18 is required to provide their information and sign this application.

Legal Name - Last Name _____ First _____ Middle _____

Home Phone _____ Cell phone _____ Last 4 SSN# _____

Date of Birth _____ Type of ID: Drivers License or State ID Military ID Passport

ID # _____ State Issued _____ Country Issued _____

Sevis # (student and exchange visitor ID) _____ School _____

Employer / Position _____ Work Phone _____

Previous Address _____ City _____ State _____

Co Account Holders: Others living at the address over the age of 18 are required to provide their information and sign this application.

Legal Name-Last Name _____ First _____ Middle _____

Home phone _____ Cell phone _____ Last 4 SSN# _____

Date of Birth _____ Type of ID: Drivers License or State ID Military ID Passport

ID # _____ State Issued _____ Country Issued _____

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

Employer / Position _____ Work Phone _____

Previous Address _____ City _____ State _____

Legal Name -Last Name _____ First _____ Middle _____

Home phone _____ Cell phone _____ Last 4 SSN# _____

Date of Birth _____ Type of ID: Drivers License or State ID Military ID Passport

ID # _____ State Issued _____ Country Issued _____

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

Employer / Position _____ Work Phone _____

Previous Address _____ City _____ State _____

Emergency Contact: In case of an emergency who should we contact? Someone not living at the service address.

Emergency Contact _____ Relationship to Primary _____

Address _____ Phone # _____

Primary Account Contact Information

Primary phone number for the account: _____

Primary email address (voluntary): _____

We will use the Primary phone number on the account for auto dial reminder calls and voice messages.

Utility Customer Service Programs

In depth program details are available on our website www.edmondok.com City Services, Utility Customer Service, Customer Programs.

EMSACare Program Emergency ambulance (EMSA) service for all occupants. The cost is \$3 per month, which will be billed on your utility bill. Yes No (Changes to enrollment may be made each year in October.)

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

Solid Waste

We supply you with one Solid Waste cart and one recycle bin. How many Solid Waste carts will you need? _____

- Day of pick up – carts need to be ready for pick up before 7:00AM.
- Carts need to be placed at the curb by the street or in the street (not on the sidewalk).
- Allow 4 feet of space between other carts and other objects like a mailbox.
- New move in bulk pickup: Call 359-4541 to schedule a onetime free pick up of moving boxes and paper packing materials.

Household Hazardous Waste: Edmond offers a once a year Household Hazardous Waste curbside pickup just call 1-800-449-7587 or email atyourdoor@wm.com to schedule.

Visual Arts The Edmond Visual Arts Commission oversees the purchase and placement of the original art seen in our parks, streets and public buildings. Donations from Edmond residents who would like to help support the program are accepted. Learn more at [edmondok.com /search Edmond Art](http://edmondok.com/search/Edmond%20Art).

Payment Options

Auto Draft Funds will be transferred electronically from your bank account. There are no penalties, no check writing and no mailing. Yes Enrollment form and voided check are required. No

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

Payment Kiosks All kiosks are conveniently located in Edmond at Homeland on 24 E 33rd and 1151 N Bryant; Crest on 2200 W 15th St; and 7-11 on 1500 S Boulevard and 1230 N Kelly Ave. There is an additional fee for this service.

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 _____
Name of the individual who is on Kidney Dialysis

If at ANY time a member of household goes on Kidney Dialysis please notify our office immediately!

The completed application along with a deposit or an approved Letter of Prior Payment history must be received before service can be started. Service orders for new services will be completed the next business day. A service order charge of \$25.00 will appear on your first statement.

A copy of identification ID information listed on the reverse side is required for all individuals over the age of 18.

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 create a 4 Digit Identification Number (PIN)

Account Holders' Signature: _____	PIN# _____	
Co-Account Holders' Signature: _____	PIN# _____	
Co-Account Holders' Signature: _____	PIN# _____	

For Office Use Only

Account # _____ Deposit _____