



Return to: \_\_\_\_\_

### LETTER OF AGREEMENT

Complete the following and return to **Attention: Utility Customer Service, City of Edmond, P O Box 2970, Edmond, Ok 73083-2970, or FAX to (405) 359-4814 or (405) 359-4576** along with the required deposit or an acceptable letter of prior payment history from your current electric company.

**ALL INFORMATION MUST BE FILLED IN FOR SERVICE TO BEGIN.**

(Please Print)

**Account Holder** \_\_\_\_\_ **SS#ID** \_\_\_\_\_ **DOB** \_\_\_\_\_

**Service Address** \_\_\_\_\_ **Are you the occupant?**  Yes  No

**Mail Bill To: Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **ZIP** \_\_\_\_\_

**In Care of:** \_\_\_\_\_  Own  Rent?

**Beginning Service Date** \_\_\_\_\_ **Home Phone** \_\_\_\_\_ **Work #** \_\_\_\_\_ **Cell #** \_\_\_\_\_

**Current Employer** \_\_\_\_\_ **Position:** \_\_\_\_\_

**Previous Address** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_

**Other Occupants** (All occupants over the age of 18 are required to be included in this contract information.)

**Name** \_\_\_\_\_ **SS#** \_\_\_\_\_ **DOB** \_\_\_\_\_

**How Related** \_\_\_\_\_ **Cell Phone#** \_\_\_\_\_ **Work #** \_\_\_\_\_ **Employer** \_\_\_\_\_

**Name** \_\_\_\_\_ **SS#** \_\_\_\_\_ **DOB** \_\_\_\_\_

**How Related** \_\_\_\_\_ **Cell Phone #** \_\_\_\_\_ **Work #** \_\_\_\_\_ **Employer** \_\_\_\_\_

**Relative Name/Emergency Contact** \_\_\_\_\_ **How Related** \_\_\_\_\_

**Phone ( )** \_\_\_\_\_ **Address (Street, City, State, Zip)** \_\_\_\_\_

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 if a deposit is required, I will be billed for any unpaid deposit due with my first utility bill. I also understand that if I am on a Letter of Prior Payment History and no longer meet the requirements I will be billed a deposit. There is a **\$15.00** processing fee which will also appear on your first bill. All contracts received after 1:00 p.m. will be processed the following business day. Should same day service be required after 1:00 p.m. the processing fee will include an additional **\$10.00**.

**PLEASE CALL (405) 359-4541 IF YOU HAVE ANY QUESTIONS.**

**Is any resident in this home on Kidney Dialysis?**  Yes, Name \_\_\_\_\_

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

**Account Holders' Signature:** X \_\_\_\_\_

**Occupants' Signature:** \_\_\_\_\_

**Occupants' Signature:** \_\_\_\_\_

All Occupants are required to sign this contract