



RESIDENTIAL 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. All occupants must submit valid ID and full information requested. Completed applications can be returned by **EMAIL:** newaccounts@edmondok.com; **FAX:** 405-359-4576; **MAIL:** City of Edmond, Attention Utility Customer or **visit our office** located at 7 North Broadway in Edmond, Oklahoma.

New Accounts Hours

7:30 am to 5:30 pm Monday – Thursday 7:30 am to 11:30 am Friday

(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** _____

Attention: _____

Account Holder: Everyone living at the address 18 years of age and older is required to provide valid ID, their information and sign this form.

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 Holder: Others living at the address 18 yrs of age and older are required to provide valid ID, their information and sign this form .

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 #** _____

City _____ **State – Zip** _____

Primary Account Contact Information

Primary phone number for the account: _____

Primary email address: _____

** The Primary phone number on the account will be used for auto dial reminder calls and voice messages.**

Utility Customer Service Programs

Details on our Utility Customer Programs, charges/rates for Utility Services, and City of Edmond news and events can be found on our website www.edmondok.com.

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/ 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. No additional charge for extra recycle carts. Trash pick-up is weekly, recycle pick-up is every other week.

- Number of trash carts? _____ Number of recycle carts? _____
- On pick-up days – 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.

Payment Options

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

eCity <https://link.edmondok.com/> Sign up to view and pay your bill from anywhere, as long as you have internet access, for free!

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 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 will be completed the next business day. **A service order charge of \$25.00 will appear on your first statement.**

A copy of the photo ID listed on the reverse side is required for all individuals 18 years of age and older.

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 _____