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APPLICATION FOR NEW RESIDENTIAL CUSTOMERS

Use this form to start new residential service.

Two forms of identification required at least one must be a photo ID

Date service to start (Monday thru Friday)			Move in date	
Legal Name:	First:		Last:	
Service Addre	ess:			
Billing Addres	s, if different: _			
Home Phone:		Work Phone:		Cell:
Email Address	s:			
Your Place of	Employment: _			<u>-</u>
SSN #:	[DL:	State:	_ Date of Birth:
Secondary o	n Account			
Name:		MI	Last:	
SSN #:		L:	State:	Date of Birth:
Place of Empl	oyment:			
Home Phone:		Work Phone: _	······································	Cell:
	ed Rates Set Fo	•		f Service. The Party(ies) Agree To es And Agrees To Regulations
Signatu	ure(s):			Date:
				Date:
Office use onl	-	sh/Check #	Receint #	Acct #