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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 Address: _____

Billing Address, if different: _____

Home Phone: _____ Work Phone: _____ Cell: _____

Email Address: _____

Your Place of Employment: _____

SSN #: _____ DL: _____ State: _____ Date of Birth: _____

Secondary on Account

Name: _____ MI _____ Last: _____

SSN #: _____ DL: _____ State: _____ Date of Birth: _____

Place of Employment: _____

Home Phone: _____ Work Phone: _____ Cell: _____

This Application Becomes A Contract Upon The Establishment Of Service. The Party(ies) Agree To Pay Established Rates Set Forth By The City Of Clinton Ordinances And Agrees To Regulations Governing Said Service.

Signature(s): _____ Date: _____

_____ Date: _____

Office use only:

Deposit Paid \$ _____ Cash/Check # _____ Receipt # _____ Acct # _____