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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 \_\_\_\_\_ MI \_\_\_\_\_ Last \_\_\_\_\_

Service Address \_\_\_\_\_

Billing Address, if different \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell \_\_\_\_\_

Your place of employment \_\_\_\_\_

Social Security # \_\_\_\_\_ DL # \_\_\_\_\_ State \_\_\_\_\_ Date of Birth \_\_\_\_\_

Name: \_\_\_\_\_ MI \_\_\_\_\_ Last \_\_\_\_\_

Social Security # \_\_\_\_\_ 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# \_\_\_\_\_ Account# \_\_\_\_\_