



415 W. Gary Blvd.
P.O. Box 1177
Clinton, OK 73601
580.323.0217
Fax: 580.323.0346
customerservice@clintonok.gov
www.clintonok.gov

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# _____