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### RESIDENTIAL SERVICE TRANSFER

**This form is for current customers moving to another address within our service area.  
Two forms of identification required at least one must be a photo ID**

New Service Start Date \_\_\_\_\_ Old Service Turn Off Date \_\_\_\_\_ Move In Date \_\_\_\_\_

Legal Name First \_\_\_\_\_ MI \_\_\_\_\_ Last \_\_\_\_\_

Address moving from \_\_\_\_\_

Address moving to \_\_\_\_\_

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

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

Social Security # \_\_\_\_\_ Your DL # \_\_\_\_\_ State \_\_\_\_\_

Date of Birth \_\_\_\_\_ Spouse/Roommate/Partner Legal Name \_\_\_\_\_

Their Social Security # \_\_\_\_\_ Their Date of Birth \_\_\_\_\_

Please list a password for your account \_\_\_\_\_

And a reminder, in case you forget your password: \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Their Phone \_\_\_\_\_

Own Home \_\_\_\_\_ Rent Home \_\_\_\_\_ Landlord Name \_\_\_\_\_ Phone \_\_\_\_\_

I understand that I must pay my current account balance in full prior to my service being transferred to another address. I also understand that a transfer fee will be added to my first monthly bill at my new address. I certify that all the foregoing information is truthful and accurate. I understand that failure to pay my bills will result in my service being terminated. I further understand that failure to pay my final account balance will result in my account being turned over to a collection agency. I understand I will be responsible for any additional collection agency charges and/or legal fees incurred in the collection of my delinquent balance as allowed by law.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Office Use Only  
Old acct# \_\_\_\_\_ New acct# \_\_\_\_\_ Balance paid this date \$ \_\_\_\_\_