

City of Yukon
Utility Billing Department
PO Box 850500 ♦ 500 W Main ♦ Yukon, OK 73085
405-354-1895 ♦ Fax 405-350-8909 ♦ customerservice@cityofyukonok.gov

RESIDENTIAL SERVICE TRANSFER

Two forms of identification required, at least one must be a photo I.D.

Move in Date _____ New Service Start Date _____ Old Service Off Date _____

Legal Name (First) _____ (M.I.) _____ (Last) _____

Address moving from _____

Address moving to _____

Billing Address, if different _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Your place of employment _____ Work Phone _____

Your Social Security # _____ Your DL# _____ State _____

Your Birth Date _____ Spouse/Significant Other/Roommate Birth Date _____

Spouse, Significant Other, Roommate Legal Name _____

Their employment _____ Their Work # _____ Their Cell # _____

Their Social Security # _____ Their DL# _____ State _____

Emergency Contact Name _____ Their phone _____

At your new address, will you _____ own home or _____ rent home. If renting, please list

Name of landlord _____ their address/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 \$25.00 transfer fee will be added to my first month's bill. 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.

X _____
Signature _____ Date _____

Office Use Only:
Old acct # _____ New acct # _____ Balance paid this date _____