

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

CUSTOMER INFORMATION UPDATE

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

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

Service Address _____

Billing Address, if different _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

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 place of employment _____ Their work # _____ Their cell # _____

Their Social Security # _____ Their DL # _____

Emergency Contact Name _____ Their phone _____

Own Home _____ Rent Home _____ Lease Expires _____

Landlord: Name _____ Address _____ Phone _____

I hereby 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