

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

Application for New Commercial Customers

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

New Service Start Date Requested _____ Move in Date _____

Name of Business _____

Service Address _____

Billing Address (if different) _____

City _____ State _____ Zip _____

Owner's Legal Name (First) _____ (M.I.) _____ (Last) _____

Owner's Home Phone _____ Owner's Cell Phone _____

Owner's Social Security # _____ DL# and State _____

Owner's Birth Date _____ Tax ID# _____ Business Phone _____

Business Partner/Associate Legal Name _____

Their Home Phone _____ Their Cell Phone _____

Their Social Security # _____ Their DL# _____ State _____

Manager Name _____ Their Phone _____

Person who issues payments _____ Phone _____

Own Service Location _____ Rent Service Location _____ Lease Expires _____

Landlord/Property Manager/Owner Name _____ Phone _____

Emergency Contact Name _____ Phone _____

SANITATION REQUIREMENTS

All businesses must use the City of Yukon sanitation service. Use of private garbage vendors is rarely approved. A copy of the Yukon City Code Solid Waste section 98-3 is available upon request.

Garbage Pickup Days Requested (please circle):

Monday Tuesday Wednesday Thursday Friday Saturday

2 yard dumpsters needed _____ # 90 gallon carts needed _____

I understand that a \$25.00 connection fee will be added to my first monthly bill. 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 all 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:
Deposit Paid \$ _____ Cash/Check# _____ Account # _____ Receipt # _____