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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 _____

Spouse/Roommate/ Partner Full Legal Name: _____

Their place of employment _____ Their Work # _____

Their cell _____ Their SS# _____ Their Date of Birth _____

Emergency Contact Name _____ Their Phone _____

Own Home _____ Rent Home _____ Landlord Name _____ Phone _____

Please list a password for your account _____

and a reminder, in case you forget your password: _____

I hereby certify that the foregoing information is truthful and accurate. I understand that a connection fee will be added to my first monthly bill. I further understand that failure to pay my bills will result in my service being terminated. I understand that failure to pay my final account balance will result in my account being turned over to a collection agency. I understand that 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 _____

For Office use only:

Deposit Paid \$ _____ Cash/Check # _____ Receipt # _____ Account # _____