



**UTILITY SERVICES SERVICE INITIATION FORM**

Address for New Service: \_\_\_\_\_

Mailing Address (if not the same as above): \_\_\_\_\_

Full Name (last, first, middle, maiden): \_\_\_\_\_

Date of Birth (month, day, year): \_\_\_\_\_ Social Security #: \_\_\_\_\_

Driver's License # and State: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_ DOB \_\_\_\_\_ Name of Spouse's Employer: \_\_\_\_\_

**CONTACT INFORMATION**

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Spouse's Phone #: \_\_\_\_\_

Landlord's Name: \_\_\_\_\_ Landlord's Phone #: \_\_\_\_\_

**ADDITIONAL INFORMATION**

Previous 3 Addresses:

1. \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_

2. \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_

3. \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_

Please list the full name of every person 18 years and older living in your household (other than applicant):

1. \_\_\_\_\_ 2. \_\_\_\_\_

3. \_\_\_\_\_ 4. \_\_\_\_\_

5. \_\_\_\_\_ 6. \_\_\_\_\_

By signing below I certify that the information I have provided in this form is complete and correct. I understand that I will be financially responsible for any charges and fees associated with this account. I also understand that my water service may be interrupted if I fail to make timely payments on my account. If it is discovered at any time that I have an unpaid balance on this account, a prior account, or a future account, all past due amounts may be added to my current account balance. Further, I understand that if I fail to pay my bill, the City of Enid may utilize the services of a collection agency to collect my debt.

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