



City of Del City
Oklahoma

Office use only:

Date: _____

Start Date: _____

Account #: _____

RESIDENTIAL APPLICATION

There is a \$25.00 non-refundable Utility Service Application fee to set up any service.

A driver's license or State ID must be provide for everyone over 18 years old.

A lease, rental agreement or ownership paperwork is required.

Deposits are \$120.00 for renters and \$90.00 for home owners or Active Duty Military—all deposits are due at the time services are set up

Application must be approved and an occupancy permit issued before service are activated.

New accounts will NOT be setup after 4:00 pm Monday through Friday.

The City of Del City will not establish accounts in the name of an absentee property owner.

Name _____ DOB _____ SS# _____
Please Print

Any other names used _____ DL# _____ Exp _____

Are you active duty military? Yes No Do you: Rent Own

Service Address _____

Mailing Address _____

Home/Cell Phone _____ Work Phone _____ Email _____

Employed By _____ Number of anticipated occupants: _____

Spouse's Name _____ DOB _____ SS# _____

Spouse's DL# _____

Emergency Contact _____ Phone#: _____ Relationship to acct holder: _____

Previous address history (include last five years):

1st Previous Address: _____ City: _____ State: _____
2nd Previous Address: _____ City: _____ State: _____
Includes checkboxes for Verified and Unverified.

Other Utility Account Information (Please list all other utilities that are on or will be on in the house):

Utility Name: _____ Name on Account: _____
Utility Name: _____ Name on Account: _____

Do you have a delinquent balance due with any other utility provider? Yes No

Are you a legal resident or citizen of the United States? Yes No

Other Occupants (all occupants over the age of 18 are required to be included in this contract information):

Name: _____ DOB: _____ SSN: _____
How Related: _____ Cell Phone: _____ Work Phone: _____ Employer: _____
Name: _____ DOB: _____ SSN: _____
How Related: _____ Cell Phone: _____ Work Phone: _____ Employer: _____
Name: _____ DOB: _____ SSN: _____
How Related: _____ Cell Phone: _____ Work Phone: _____ Employer: _____

Please read and initial the following statements.

_____ I understand that the amount of the bill for City Utility Services is Due on the due date. If the bill is not paid by 5pm on the due date stated on my bill, I understand that a penalty \$25.00 will be added to my bill and that a \$50.00 Termination fee will be added if services are processed for Cut-Off, even if water is not physically shut off. I understand that all Utility Rates are set by the City Council and are governed by Chapters 21 of the Del City Code. If my account is processed for Cut-Off an additional \$100.00 deposit will be required.

_____ I understand that in addition to a deposit or a Letter of Credit Worthiness, a \$25.00 nonrefundable setup fee must be paid before service is established.

_____ I understand that this account must have a deposit in place to reinstate terminated services.

_____ I understand that a returned check will result in a \$50.00 fee and that after a second return check all future payments are required to be made in cash only.

_____ I understand that it is illegal for anyone other than City of Del City employees to turn on water service, and such action will result in a tampering fee of \$100.00 and may result in criminal action against the account holder.

_____ I understand that the application approval process will include verifying identification information and requesting credit history information from credit bureaus and other utility companies. **I understand that delinquent utility bills with other service providers may need to be resolved before services can be initiated.**

I UNDERSTAND THAT SOMEONE WILL NEED TO BE AT THE SERVICE ADDRESS IN ORDER FOR THE CITY OF DEL CITY TO TURN WATER ON. IF THERE IS NOBODY AT THE HOUSE AND THE CITY CANNOT TURN THE WATER ON, THERE IS A CHANCE I WILL HAVE TO WAIT UNTIL THE FOLLOWING BUSINESS DAY TO GET SERVICE CONNECTED.

Please call (405) 670-7320 if you have any questions.

By signing this application I certify that I have read and understand the rules and regulations of the Del City Utility Billing Department. Also, I acknowledge that the City of Del City Requires that the occupant of the house must be the account holder for the utilities provided by The City of Del City and I certify that all the information on this application is correct and that I am the occupant of the property.

Account Holder Signature: _____ Date: _____

Co-occupant Signature: _____ Date: _____

Other Occupant Signature: _____ Date: _____

Other occupant Signature: _____ Date: _____

All occupants are required to sign this application.