



415 W. Gary Blvd.
P.O. Box 1177
Clinton, OK 73601
580.323.0217
Fax: 580.323.0346
customerservice@clintonok.gov
www.clintonok.gov

RESIDENTIAL SERVICE TRANSFER

**This form is for current customers moving to another address within our service area.
Two forms of identification required at least one must be a photo ID**

New Service Start Date _____ Old Service Turn Off Date _____ Move In Date _____

Legal Name First _____ MI _____ Last _____

Address moving from _____

Address moving to _____

New Billing Address, if different _____

Home Phone _____ Work Phone _____ Cell _____

Social Security # _____ Your DL # _____ State _____

Date of Birth _____ Spouse/Roommate/Partner Legal Name _____

Their Social Security # _____ Their Date of Birth _____

Emergency Contact Name _____ Their Phone _____

Own Home _____ Rent Home _____ Landlord Name _____ Phone _____

I understand that I must pay my current account balance in full prior to my service being transferred to another address. I also understand that a transfer fee will be added to my first monthly bill at my new address. I 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.

Signature _____ Date _____

Office Use Only
Old acct# _____ New acct# _____ Balance paid this date \$ _____