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APPLICATION FOR NEW COMMERCIAL SERVICE

Use this form to start new service.

New Service Start Date Requested _____ Move in Date _____

Name of Business _____

Service Address _____

Billing Address, if different _____

Email Address _____

Owner Legal Name: First _____ MI _____ Last _____

Owner Home Phone _____ Cell _____ SS# _____

DL # _____ State _____ Tax ID # _____ Date of Birth _____

Business Partner, if any, Legal Name _____

Their Home Phone _____ Their Cell _____ Their SS# _____

Manager Name _____ Their Cell _____

Person who issues payments _____ Their Phone _____

Own Service Location _____ Rent Service Location _____ Lease Expires _____

Property Manager/Landlord/Owner Name _____ Their Phone _____

Emergency Contact Name _____ Phone _____

SANITATION REQUIREMENTS

All businesses must use the City of Clinton sanitation service. Use of a private garbage vendor is rarely approved.

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.

Signature _____ Date _____

Office use only:

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