



Transfer Application

**PO Box 610
Broken Arrow, OK 74013
Office 918.259.8409 Fax 918.259.8215**

Previous Account Number _____ New Account Number _____

Please read, complete, sign and return the following application to our office.

Previous Service Address _____ Ave Blvd Cir Ct Ln Pl St Dr Final Date _____

New Service Address _____ Ave Blvd Cir Ct Ln Pl St Dr Start Date _____

Is water on? Yes No Remove Lock AM PM

Name on Account: Last _____ First _____

Mailing address if different than service address _____

Social Security Number _____ Drivers License # _____ DL State _____

Home Phone Number _____ Cell Phone _____

Place of Employment _____ Employer Phone Number _____

Additional Person Authorized to Account _____
(Authorized to access or change account information and initiate changes to utility service.)

LifeRide (Ambulance Service) YES ___ NO ___

Sewer charge is based on the established sewer average from the previous address. There is an option to have a set sewer average of 9,100 gallons usage per month, or actual monthly usage, until a new sewer average is established based on water consumption as shown on January, February and March utility bills.

CAUTION

The summer months are historically high water usage periods. A selection of **actual monthly usage** during and prior to this time could increase the monthly sewer charges. Many customers increase their water consumption due to outside activities, swimming pool usage, sprinklers, etc. A signed authorization for the actual water usage option must be on file with the city in order to initiate the actual usage option.

Please select one: 9,100 Gallons _____ Actual Usage _____ Previous Established _____

All new accounts will be next day service between 7:00 AM and 4:00PM. An AM appointment is 7:00 AM to 12:00 noon and a PM appointment is 12:00 noon to 4:00 PM.

If the water meter is turned off the customer or a member of the customer's family, of legal age, must be present before a City of Broken Arrow employee will turn on the water to a residence. There is a leave on agreement that must be signed, confirming the water is not leaking in the house before the employee is able to leave the water on.

I attest by my signature below that the above personal information contained in this application submitted to the City of Broken Arrow is true and correct and my signature confirms my identity as the person stated on this application.

Signature _____ Date _____

(Must be signed by primary account holder)

FOR CITY USE ONLY:

LifeRide (Ambulance Service): Yes _____ No: _____

Entered New Account _____ Date _____