



Application for New Residential Utility Accounts

PO Box 610, Broken Arrow, OK 74013
Office (918) 259-8409 Fax (918) 259-8215
newutilitiesaccount@brokenarrowok.gov

Cycle _____ Route _____

Account # _____

New Service Address: _____

Previous Occupant/Owner (if known): _____

Have you had Utility Service in Broken Arrow previously? Yes No Name on previous account: _____

Previous Address: _____

Name on New Account: Last: _____ First: _____

Mailing address (if different from service address): _____

Social Security Number: _____ Driver's License Number: _____
State: _____

Home Phone: _____ Cell Phone: _____

Employer: _____ Employer Phone Number: _____

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

Service Start Date: _____ Is water currently on? Yes No

New account service calls take place the next business day between 7:00 am and 4:00 pm.

LifeRide (Ambulance Service)

This service covers additional out-of-pocket expenses after insurance payments have been made for EMS transportation by the City of Broken Arrow for anyone residing at this address. Visit liferideba.org for more information. The monthly fee is \$6.45 inside City limits and \$7.50 outside City limits.

Sewer Charges Select One: 9,100 Gallons Actual Usage

Sewer charges are based on an assumed sewer average of 9,100 gallons usage per month, actual monthly usage or the established sewer average on the property you are moving from (if in Broken Arrow), 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 refundable deposit of \$100.00 is required but may be waived based on a credit inquiry evaluated by an independent agency. The City has my permission to initiate a credit inquiry Yes No

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)

PRESENTING FALSE IDENTIFICATION OR ASSUMING A FALSE IDENTITY FOR THE PURPOSE OF OBTAINING CITY SERVICES WILL BE PROSECUTED.

INTERNAL USE ONLY:

Identification Check by: _____ DL SSN

Advised Customer of Credit Inquiry: Permission Granted Permission Denied

Satisfactory Evaluation: Unsatisfactory Evaluation Deposit Amount _____ Waived

If Unsatisfactory, customer was provided with Adverse Notice Letter. Please indicate which method Notice was distributed:
In Person Mailed Faxed Emailed

Entered New Account _____ Date: _____

APPLICATIONS WILL NOT BE PROCESSED WITHOUT A VALID PHOTO ID. IN ORDER TO AVOID DELAYS, PLEASE PROVIDE PROOF OF IDENTIFICATION AT THE TIME OF APPLICATION.