

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 #		

Previous Occupant/Owner (if known):	New Service Address:						
Have you had Utility Service in Broken Arrow previously? Yes No Name on previous account:							
Name on New Account: Last:					ccount:		
Mailing address (if different from service address):	Previous Address:						
Social Security Number:	Name on New Account: Last:			First:			
Home Phone:	Mailing address (if different from service address):						
Home Phone:	Socal Security Number: Driver's License Number:						
Employer Phone Number:				State:			
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. 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. INTERAL USE ONLY: Identification Check by: LifeRide (Ambulance Started on Permission Denied Satisfactory Evaluation: Unsatisfactory Eva	Home Phone:	Cell Ph	Cell Phone:				
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