



Reactivation Application for Utility Accounts

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

Cycle _____ Route _____

Account # _____

Service Address: _____

Previous Occupant/Owner (if known): _____

Name: _____

Mailing address (if different from service address): _____

City _____ ST _____ Zip _____

Applicant Name: _____ Title: _____

Check one: Sole Proprietorship Partnership LLC Corporation

Phone: _____ Cell Phone: _____ Fax _____

Social Security Number/EIN: _____

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 for LifeRide is \$6.45 inside City limits and \$7.50 outside City limits.

Sewer Charges Select One: 9,100 Gallons Actual Usage

Commercial customers may elect to be billed based on their actual usage or 9,100 gallons usage per month, 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 during the summer 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.***

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:

Deposit Amount Due: _____

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.