



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

Cycle _____ Route _____

Account # _____

Current Account Number: _____ New Account Number _____

Name on New Account: _____
Last Name First Name

Current Service Address: _____ Final Date: _____

New Service Address: _____ 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.

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.)

Sewer Charges Select One: 9,100 Gallons Actual Usage Established Average from Prior Address

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.***

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.

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

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.