



P.O. Box 730 Collinsville, Oklahoma 74021 (918) 371-1010 Fax: (918) 371-1014

**LANDLORD/REALTOR REQUEST FOR CHANGE OF UTILITY SERVICE FOR
RESIDENTIAL UTILITIES**

ALL FIELDS REQUIRED

Account # _____

Name of Landlord/Realtor: _____

DL # _____ **OR** Tax ID # _____

DOB _____

SS # _____

Service Address: _____

Billing Address of Landlord/Realtor: _____

City _____ ST _____ Zip _____

Cell Phone: _____ *Alternate Phone: _____

Date of Turn-On: _____

Date of Turn-Off: _____

The landlord is responsible for all utility debts incurred at this address as long as the address is in the landlord's name. The landlord will notify the City of Collinsville to turn on and turn off utilities at this address by filling out this agreement each time. This agreement is for cleaning or remodeling purposes only and requires no utility deposit. If a renter moves into the property under the landlords name a \$300 deposit will need to be secured.

All landlords will be charged for trash service. Ambulance service is the only service that will be removed from the account while in the landlord's name.

If services are not used a base rate will be billed.

All landlords and realtors will be charged a one-time \$25 transfer fee which will be on your first month's bill.

Print: _____ Signature: _____

Date: _____

To be completed by the City

Date of Completion: _____ By: _____

Turn off Ambulance Fee: _____