



PO BOX 730 COLLINSVILLE, OKLAHOMA, 74021 (918)371-1010 (918)371-1014

LANDLORD REQUEST FOR CHANGE OF UTILITY SERVICE

Account #: _____

Name of Landlord: _____

Service Address: _____

Billing Address of Landlord: _____

Place of Employment: _____

Business Phone #: _____ Landlord Phone #: _____

Date of Turn-On: _____

Date of Turn-Off: _____

As of 11/13/07 all landlords will be charged for Trash Service. You can still elect to turn off the Ambulance Service

****Effective May 17th, 2010, all landlords will be charged a \$25.00 transfer fee****

Signature: _____

Date: _____

To be completed by the City

Date of Completion: _____ By: _____