



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

LANDLORD/REALTOR REQUEST FOR CHANGE OF UTILITY SERVICE FOR COMMERCIAL PROPERTY

\*Account # \_\_\_\_\_

\*Name of Landlord/Realtor: \_\_\_\_\_

\* DL# \_\_\_\_\_ \*TAX ID: \_\_\_\_\_

\*DOB# \_\_\_\_\_ \*SS# \_\_\_\_\_

\*Service Address: \_\_\_\_\_

\*Billing Address of Landlord/Realtor: \_\_\_\_\_

\*Business Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

\*Date of Turn-On: \_\_\_\_\_

\*Date of Turn-Off: \_\_\_\_\_

I/we understand that I/we are responsible for all utility debts incurred at this address as long as it is in my/our name. I/we will notify the utility office anytime utilities need to be turned OFF or ON, by filling a landlord agreement form out each time. I further understand that this agreement is for cleaning or remodeling purposes only and requires no utility deposit; however, if renters move into the property under the landlord's name, I/we will pay a deposit for the property in the amount of the average of previous tenants 12 month period, and I/we will be held responsible for all debts incurred at this address. All landlords/realtor will be charged a \$25.00 transfer fee which will be applied to your first month's bill. All landlords will be charged for trash service. Ambulance Service will be turned off for the landlord only, other utilities will stay on and will be charged the base rate if unused.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

To be completed by the City

Date of Completion: \_\_\_\_\_ by: \_\_\_\_\_

\*REQUIRED FIELDS