



OXFORD
UTILITIES

RESIDENTIAL APPLICATION FOR UTILITY SERVICE

Applicant must provide a valid photo ID and Social Security Number

Date For Connection _____ (Monday –Friday)

Name _____

Service Address _____ Unit # _____

Mailing Address _____ Unit # _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Work Phone _____ Email Address _____

Date of Birth _____ SSN _____ DL _____

By signing below, I agree to abide by the policies and regulations of the City of Oxford Electric Department. If the security Deposit is less than the final bill upon termination of service, I agree to pay the balance in full by the due date indicated on the final bill. I understand that if the final bill is not paid by the due date, I will be responsible for any collection or attorney fees incurred in collecting the balance of the account.

Date _____ Signature _____

For Office Use Only

Turn on _____ Read & Leave On _____

Location # _____ Customer # _____

Residential Rates _____ Commercial Rates _____

Deposit Amount Paid & Posted _____ Service Fee Amount Paid & Posted _____

Bad Debt Checked _____ Mailing Address Checked _____

P.O. Box 827
Oxford, MS 38655

300 McElroy Drive
Oxford, MS 38655
www.oxfordutilities.com

Phone (662)232-2373
Fax (662)232-2375