



# OXFORD

ELECTRIC  
DEPARTMENT

## 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 \_\_\_\_\_

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