

(KEEP THIS PAGE FOR REFERENCE)



WELCOME TO DEL CITY!

WE'RE SO GLAD YOU'RE HERE.

WHO WE ARE

Doing business in Del City, means being a part of a community with strong values.

Del City has a long history of commitment to positive development and redevelopment. Our economic development program is aggressive, creative and tailored to the needs of each individual project. We are prepared to assist any business, whether prospective or existing, in furtherance of our community development goals.

ADAPTIVE

We are resourceful and resilient in the face of adversity.

DRIVEN

We do the hard work to propel our community forward.

CONNECTED

We stand together.

RELENTLESS

We stand up for what we believe in.

IMPORTANT CONTACT NUMBERS

UTILITY BILLING

405.677.5741
EXT. 7309, 7319, 7326, OR 7328

BUILDING INSPECTOR

405.677.5741 EXT. 7370

EMERGENCY WATERLINE

405.671.3007

PERMITS DEPARTMENT

405.677.5741 EXT 7314

NON-EMERGENCY FIRE

405.671.2891

EMERGENCY SEWERLINE

405.671.3011

CITY PLANNER

405.677.5741 EXT. 7312

NON-EMERGENCY POLICE

405.677.2443

SANITATION

405.671.2873



FOLLOW US ON OUR SOCIALS @DCOKGOV!

CITY WEBSITE

CITYOFDELCITY.GOV



INTERESTED IN BECOMING A MEMBER OF THE DEL CITY CHAMBER OF COMMERCE?

This is a great opportunity to join a group of business leaders and professionals who work toward promoting commerce in the city of Del City. Visit delcitychamber.com for more information on becoming a member, events, and more!



DEEP ROOTS. RELENTLESS SPIRIT.



UTILITY BILLING

OFFICE USE ONLY

ACCOUNT # _____

DATE ENTERED _____

VERIFICATION AND ACCOUNT SETUP BY _____

COMMERCIAL UTILITY SERVICE APPLICATION

SERVICES WILL BE ESTABLISHED MONDAY-THURSDAY 7:30AM-4:30PM AND FRIDAY 7:30AM-10:30AM

UTILITY BILLING EMAIL: UTILITIES@CITYOFDELCITY.ORG

BUSINESS NAME _____ DBA _____

PROPERTY ADDRESS _____ FED. TAX ID # _____

BUSINESS PHONE _____ BUSINESS EMAIL _____

MAILING ADDRESS (IF DIFFERENT FROM ADDRESS LISTED ABOVE) _____

RESPONSIBLE PARTY NAME _____ DAYTIME PHONE _____

RESPONSIBLE PARTY SSN _____ RESPONSIBLE PARTY DOB _____

RESPONSIBLE PARTY EMAIL _____

PLEASE PROVIDE THE FOLLOWING:

- APPLICATION
- RESPONSIBLE PARTY STATE/FEDERAL ID
- OWNERSHIP DOCUMENTATION/SIGNED LEASE
- VALID CERTIFICATE OF OCCUPANCY
- \$250 DEPOSIT + \$50 NON-REFUNDABLE APPLICATION FEE

EMERGENCY CONTACT _____
FIRST NAME LAST NAME

DAYTIME PHONE _____ EMAIL _____

TO BE INITIALED BY RESPONSIBLE PARTY

_____ Any account not paid in full by end of day on the due date will be subject to a \$25 late fee. If an account is administratively terminated for non-payment, a \$50 termination fee will be assessed. Failure to receive a bill via USPS does not constitute a waiver of penalty or termination. Returned checks for any reason will result in a \$50 NSF fee and may result in termination of online payment options.

_____ Any damage to the Del City Water Meter or any equipment attached to it will result in replacement costs being added to the customer bill.

By signing below, I certify that the information provided is true and correct.

SIGNATURE (RESPONSIBLE PARTY)

DATE