

(KEEP THIS PAGE FOR REFERENCE)



WELCOME TO DEL CITY!

WE'RE SO GLAD YOU'RE HERE.

WHO WE ARE

Deep Roots. Relentless Spirit.

In Del City, we care for one another and uphold our values with relentless determination.

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

NON-EMERGENCY FIRE

405.671.2829

EMERGENCY SEWERLINE

405.671.3011

PERMITS DEPARTMENT

405.677.5741 EXT 7314

NON-EMERGENCY POLICE

405.677.2443

SANITATION

405.671.2873

CODE ENFORCEMENT

405.677.5741 EXT. 7379

EMERGENCY WATERLINE

405.671.3007

COMMUNITY CENTER

405.677.5741 EXT. 5010



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!





UTILITY BILLING

OFFICE USE ONLY

ACCOUNT # _____

DATE ENTERED _____

VERIFICATION AND ACCOUNT SETUP BY _____

RESIDENTIAL 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

PLEASE PROVIDE THE FOLLOWING:

- APPLICATION
- OWNERSHIP DOCUMENTATION/SIGNED LEASE
- STATE OR FEDERAL ID FOR ACCOUNT HOLDER(S)
- DEPOSIT + \$25 NON-REFUNDABLE APPLICATION FEE: HOMEOWNER \$90; RENTER \$120

SERVICE ADDRESS _____ PLEASE CIRCLE ONE: OWN RENT

PRIMARY ACCOUNT HOLDER _____ DOB _____
FIRST NAME LAST NAME

MAILING ADDRESS (IF DIFFERENT FROM ADDRESS LISTED ABOVE) _____

CITY _____ STATE _____ ZIP _____

SSN _____ ACTIVE DUTY MILITARY(CIRCLE) YES NO

DAYTIME PHONE _____ EMAIL _____

SECONDARY ACCOUNT HOLDER _____ DOB _____
FIRST NAME LAST NAME

SSN _____ ACTIVE DUTY MILITARY(CIRCLE) YES NO

DAYTIME PHONE _____ EMAIL _____

EMERGENCY CONTACT _____ RELATIONSHIP _____
FIRST NAME LAST NAME

DAYTIME PHONE _____ EMAIL _____

EMERGENCY CONTACT NAME _____ RELATIONSHIP _____
FIRST NAME LAST NAME

DAYTIME PHONE _____ EMAIL _____

(APPLICATION CONTINUED ON BACK)

PLEASE INITIAL BELOW TO ENROLL IN THE FOLLOWING

_____ PAPERLESS BILLING (WILL BE SENT TO THE EMAIL OF THE PRIMARY APPLICANT PROVIDED)

TO BE INITIALED BY THE PRIMARY ACCOUNT HOLDER

_____ ANY ACCOUNT NOT PAID IN FULL BY END OF BUSINESS 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 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.

_____ DEL CITY REQUIRES AN ADULT TO BE PRESENT AT THE TIME THE WATER IS TURNED ON. FAILURE TO HAVE AN ADULT PRESENT MAY RESULT IN A DELAY OF SERVICE UNTIL THE FOLLOWING BUSINESS DAY. ONLY EMPLOYEES OF THE CITY OF DEL CITY ARE AUTHORIZED TO TURN WATER ON.

_____ ONLY THE PRIMARY ACCOUNT HOLDER IS AUTHORIZED TO MAKE CHANGES TO THIS ACCOUNT; SECONDARY ACCOUNT HOLDER WILL ONLY BE AUTHORIZED TO OBTAIN INFORMATION.

_____ IF MY ACCOUNT IS FINALIZED FOR NON-PAYMENT AN ADDITIONAL \$100.00 DEPOSIT WILL BE REQUIRED TO REACTIVATE THE ACCOUNT.

TOTAL NUMBER OF ADULTS OCCUPYING THE HOME (18 OR OLDER) _____

*THIS NUMBER IS USED TO DETERMINE THE SEWER RATE FOR THE 1ST YEAR

BY SIGNING BELOW, I CERTIFY THAT I HAVE READ AND UNDERSTAND THE ABOVE INFORMATION PROVIDED AND ATTEST THAT ALL INFORMATION PROVIDED ON THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

PRIMARY ACCOUNT HOLDER _____ DATE _____
(SIGNATURE)

SECONDARY ACCOUNT HOLDER _____ DATE _____
(SIGNATURE)