



THE CITY OF
OXFORD
MISSISSIPPI
ELECTRIC DEPARTMENT

COMMERICAL APPLICATION FOR UTILITY SERVICE
All applicants must provide a valid photo ID

Date For Connection _____ (Monday–Friday)

Company Name _____

Attention _____

Service Address _____ Unit # _____

Mailing Address _____ Unit # _____

City _____ State _____ Zip _____

Business Phone _____ Cell Phone _____

Email Address _____ Tax-ID # _____

Owners Name _____ Cell Phone _____

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, any outstanding balance will be transferred to my active account or to a collection agency. I understand that 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 # _____

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

Bad Debt Checked _____ Mailing Address Checked _____

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