



Identity Verification Form Instructions

Instructions for Applicant

1. Complete all fields in Section I.
2. Present yourself to a notary.
3. Have a notary complete Section II. (If possible, request an ink notary stamp that can be faxed.)
4. Complete both of the following steps:
 - a. Fax the completed form to City of Oxford at 513-523-7298
 - b. Email form to hhill@cityofoxford.org
 - c. Mail this completed original form to :
City of Oxford
Utility Billing
101 E High Street
Oxford, Ohio 45056

Note: The original notarized form, with all fields completed, must be received at the address listed above within ten business days or the account is subject to disconnection. We recommend you keep a copy for your records.



Identity Verification Form

Upon request by the City of Oxford, this form must be completed to validate the Identity of the Individual establishing or maintaining a utility account with the City of Oxford.

Section I

In compliance with my application for utility service with the City of Oxford, or continuation of service:

I, _____, the utility service applicant and undersigned, do hereby state and declare the following:

This affidavit concerns utility service at the following service location:

Address: _____
City: _____ State: _____ Zip: _____

Note: You must complete all fields in Section I above.

Email Address: _____
(We may contact you via email if we have additional questions)

I understand that knowingly making any false or fraudulent statement or representation may constitute a violation of federal, state, or local criminal statutes, and may result in imposition of a fine or imprisonment or both.

Applicant Signature: _____ Date: _____

Section II

State _____ County _____

I do hereby certify that _____ (Applicant) personally appeared before me this day and is known to me (or satisfactorily proven) to be the person whose name is subscribed to the within instrument, and acknowledged that he/she executed the same for the purposes therein contained.

WITNESS my hand and official seal this _____ day of _____ in the year of 20 ____.
My Commission expires: _____

(Notary Printed Name)

(Notary Signature)