## Return completed form to PUDsubmissions@occ.ok.gov **Operator Company Information** Name - company name or individual name DBA - (Doing Business As) Company Type - Individual, Inc, LLC, etc. Address - Physical street address City, State Zip Code Phone # Billing Address Attention - department, person Billing Address - street or PO Box. Billing City, State ZipCode **Owner Company Information (if Different from Operator)** Name - company name or individual name DBA - (Doing Business As) Company Type - Individual, Inc, LLC, etc. Address - Physical street address City, State Zip Code Phone # Contact Name(s) Contact Title(s) **Contact Phone Contact Email** Billing Address Attention - department, person Billing Address - street or PO Box. Billing City, State ZipCode **Operator Other Contact Information Customer Service Repair and Maintenance** Name Name **Address** Address Phone # Phone # Email **Email Answering complaints** Authorizing and/or furnishing refunds to customers Name Name Address **Address** Phone # Phone # Email Email **Regulatory Matters Primary Emergency** Name Name Address **Address** Phone # Phone # Email **Email After-hours Emergency Attorney for Regulatory Matters** Name Name Address Address Phone # Phone # Email Email **Reporting Requirements Community Liaison** Name Name Address **Address** Phone # Phone # **Email** Email Engineering operations, meter tests, and repairs **Outstanding Invoices** Name Name Address Address Phone # Phone # Email Email

**Electric Vehicle Charging Station Operator Information Form** 

Reference Oklahoma Statute §68-6509; OAC Rules 165:5-3-50; OAC Rules 165:14-3-3 Return completed form to PUDsubmissions@occ.ok.gov





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