

# REAL ESTATE NAME AND ADDRESS

To: City of Lawton  
212 SW 9<sup>th</sup> ST  
580-581-3308  
580-581-3316 FAX

Email: [landlordrev@lawtonok.gov](mailto:landlordrev@lawtonok.gov)

FROM: REALTOR/LANDLORD \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
PHONE # \_\_\_\_\_  
FAX# \_\_\_\_\_

PIN# \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CONNECT DATE: \_\_\_\_\_

PLEASE CIRCLE ONE:

PERMANENT

TEMPORARY  
(2 weeks only)

\_\_\_\_\_  
Authorized Name (Print)

\_\_\_\_\_  
Authorized Signature



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PIN# \_\_\_\_\_

ADDRESS: \_\_\_\_\_

DISCONNECT DATE \_\_\_\_\_

\_\_\_\_\_  
Authorized Name (Print)

\_\_\_\_\_  
Authorized Signature

