

Town of Moorcroft

101 N. Big Horn Avenue PO Box 70

Moorcroft, WY 82721

Phone: (307) 756-3526 Fax (307) 756-3472

UTILITY SERVICE CONNECTION APPLICATION

Applicant Name _____

Additional Name on account _____

Home Phone _____ Cell Phone(s) _____

Mailing Address _____

SSN _____ Phone Number _____

Employer Name _____ Phone Number _____

*NEW SERVICE LOCATION _____ EFFECTIVE DATE _____

Own _____ Rent _____

If renting, landlord's name _____ Phone _____

Have you previously received any utility services from the Town of Moorcroft? If yes, please provide address _____

PER TITLE 25, CHPT 6, SECTION 25-604, TITLE 18 CHPT 1, SECTION 18-111, TITLE 19, CHPT 4, TITLE 19-402, ALL ACCOUNTS ARE TO BE PAID BY THE 15TH OF EACH MONTH IN THE BILLING PERIOD. If not paid, all services are subject to late fees and disconnect for non-payment.

Deposit is \$150.00 and to be paid prior to start date of service. I understand by signing this agreement, I must abide by the regulations governing the use of the Town of Moorcroft Water/Sewer/Garbage system, and this application is merely a request for service and does not bind the Town of Moorcroft to provide such service. Furthermore, I understand the deposit is not to be considered a payment on account and will be returned to the customer when services are discontinued, providing all outstanding bills have been paid.

Connection to services may take up to 24 hours

Signature: _____ Date: _____

"This Institution is an Equal Opportunity Provider"