

**APPLICATION FOR UTILITY SERVICE**

**Town of Greybull  
P.O. Box 271  
24 South 5<sup>th</sup> Street  
Greybull, WY 82426  
307-765-9431 Fax # 307-765-2409**

Current Date: \_\_\_\_\_ Date of Service: \_\_\_\_\_

I hereby apply to the Town of Greybull for utility service at the service address shown below. I agree to accept services and to pay for same as bills are rendered, in accordance with the Town's schedule and rules applicable to those bills. A \$75 deposit is required if you do not own the property.

I also understand that the water meter is the property of the Town and I am responsible for its protection from damage or freezing.

Name: \_\_\_\_\_ Service Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Are you the property owner? Yes \_\_\_ No \_\_\_ If no, please list the name and contact number of property owner: \_\_\_\_\_

Name of Employer: \_\_\_\_\_ Phone #: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_

Have you ever had utility services with the Town of Greybull? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please list name and address of prior service: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
*Signature of Applicant* *Date*

*Please return this signed form to Town Hall at the above address with the \$75 deposit, if applicable.*

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**Office Use Only**

Property Owner: Yes: \_\_\_\_\_ No: \_\_\_\_\_ Owner Account #: \_\_\_\_\_

Renter: Date of Deposit: \_\_\_\_\_ Receipt #: \_\_\_\_\_

This institution is an equal opportunity provider.