



# TOWN OF GREYBULL

## Application for Utility Service

(307)765-9431 – Fax (307)765-2409

24 S 5<sup>th</sup> St, PO Box 271, Greybull, WY 82426

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 \$100 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 #: \_\_\_\_\_

Opt-in for emergency Town texts?  Yes  No Mobile 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 \$100 deposit, if applicable.*

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**Office Use Only**

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

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