



TOWN OF MEETEETSE  
 P.O. BOX 38  
 MEETEETSE, WY 82433  
 PHONE:(307)868-2278 FAX: (307)868-2608  
 e-mail: [meeteetse@tctwest.net](mailto:meeteetse@tctwest.net)  
 website: <http://www.townofmeeteetse.org>



**APPLICATION FOR SERVICE**

Please note: Your SSN and co-applicant's SSN (if applicable) are *required* to complete this service application

**PLEASE PRINT**

NAME OF APPLICANT \_\_\_\_\_ DRIVER'S LICENSE # \_\_\_\_\_ State \_\_\_\_\_

BEGINNING SERVICE DATE \_\_\_\_\_ SERVICE ADDRESS \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_ HOME PHONE \_\_\_\_\_

EMPLOYER \_\_\_\_\_ WORK PHONE \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_ Email Address: \_\_\_\_\_

SINGLE ( ) MARRIED ( )

SPOUSE'S NAME \_\_\_\_\_

EMPLOYER \_\_\_\_\_ WORK PHONE \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_

NAME OF NEAREST RELATIVE NOT LIVING WITH YOU \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

PHONE \_\_\_\_\_ ADDRESS \_\_\_\_\_

**SERVICE TYPE:** RESIDENTIAL \_\_\_\_\_ COMMERCIAL \_\_\_\_\_

BUYING \_\_\_\_\_ RENTING \_\_\_\_\_ LANDLORD \_\_\_\_\_

**READ AND INITIAL EACH LINE:**

\_\_\_\_\_ I understand that I and any co-applicant must be 18 years of age or older to apply for utility service.

\_\_\_\_\_ I hereby apply to the Town of Meeteetse for utility service at the service address shown above. I understand that I must pay in full any prior utility charges incurred by me, my spouse, or my co-applicant before any new service will be established.

\_\_\_\_\_ In the event I fail to pay any utility charges I agree to pay to the Town all of its costs and expenses, including attorney fees and collection fees, incurred by the Town in collection of my utility accounts. A service charge will be added to all charges that are not paid by the end of each billing cycle at the rate of 18% per annum or 1.5% per month.

\_\_\_\_\_ I understand the water meters are the property of the Town, however I am responsible for their protection from damage and freezing.

\_\_\_\_\_ The Town of Meeteetse will not be responsible to me or any of my tenants for any damages that may occur should the water be turned off due to non-payment by me or any of my tenants. I release the Town of Meeteetse from any claims asserted by me or my tenants for damages.

\$25.00 CONNECT FEE  PAID  CHARGE TO BILL

\$150 DEPOSIT  PAID  Assumption letter

TOTAL \$ \_\_\_\_\_

Receipt # \_\_\_\_\_

**AGGREGATE DATA COLLECTED FOR USE IN CIVIL RIGHTS MONITORING AND ENFORCEMENT**

AMERICAN INDIAN \_\_\_\_\_ ASIAN \_\_\_\_\_

AFRICAN AMERICAN \_\_\_\_\_ NATIVE HAWIIAN or OTHER SOUTH PACIFIC ISLANDER \_\_\_\_\_

CAUSASIAN \_\_\_\_\_ OTHER (PLEASE SPECIFY) \_\_\_\_\_

signature of applicant \_\_\_\_\_ date \_\_\_\_\_ signature of co-applicant \_\_\_\_\_ date \_\_\_\_\_

STATE OF WYOMING )  
 ) SS.  
 COUNTY OF PARK )

The foregoing instrument was acknowledged before me by \_\_\_\_\_, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_  
 WITNESS my hand and official seal.

(seal) \_\_\_\_\_  
 My Commission Expires: \_\_\_\_\_  
 Notary Public

The Town of Meeteetse is an Equal Opportunity provider, employer and lender.  
 To file a complaint of discrimination write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W.,  
 Washington, D.C. 20250-9410 or call (800)7953272(voice) (202)720-6382 (TDD)  
 For the hearing impaired please call TTY 1-800-877-9965 VCO 1-877-877-1474