TOWN OF MEETEETSE
P.O. BOX 38
MEETEETSE, WY 82433
PHONE:(307)868-2278 FAX: (307)868-2608
e-mail: meeteetse@townofmeeteetse.org
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 tentants 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 **$150 -Residential $250-Business** ☐ PAID **TOTAL** $ _____

☐ CHARGE TO BILL Assumption letter ☐ **Receipt #** _____

AGGREGATE DATA COLLECTED FOR USE IN CIVIL RIGHTS MONTIROING 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.

_____
Notary Public

(seal)
My Commision Expires: _____

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