



TOWN OF MOORCROFT

101 North Big Horn Avenue
PO Box 70
Moorcroft, WY 82721

UTILITY SERVICE CONNECTION APPLICATION

Date: _____

Name: _____ H Phone: _____ C-Phone: _____

Mailing address: _____

SS#: _____ DOB: _____

Employer name: _____ phone number: _____

New service location: _____

Own: _____ Rent _____

(Rental) Owners name: _____ phone number: _____

Have you ever received any utility services from the Town Of Moorcroft before? _____

If YES, what address: _____

Title 25,chapter 6, section 25-604 states that all accounts are to be paid by the 15th of each month in that billing period. If not paid, all services are subject to disconnect for nonpayment.

I Understand that if I sign this agreement, I must abide by the regulations governing use of the Town of Moorcroft Water System, and this application is merely a request for service and does not bind the Town of Moorcroft to provide such service. I also understand the deposit is no to be considered a payment on account, and will be returned to customer when services are discontinued , providing all outstanding bills have been paid. (connection to services may take up to 24 hours.)

Signature: _____ date: _____

Deposit amount: _____ date: _____ deposit waived _____