

CITY OF TORRINGTON CONTRACT FOR UTILITIES

436 EAST 22ND AVENUE – PO BOX 250 – TORRINGTON, WY 82240 – (307) 532-5666 – FAX (307) 532-2010

“This institution is an equal opportunity provider and employer”

Today’s Date _____

Primary Phone _____

Drivers Lic. # _____ St. _____

Secondary Phone _____

Drivers Lic. # _____ St. _____

E-mail Address _____

SS # _____

Federal Tax ID (EIN) _____

SS # _____

Service Begin Date _____

Billing Name _____

DBA _____

Service Address _____

Billing Address _____

Property Owner Name _____

Comments: _____

I have read the above, the names and information are correct. In consideration of the services provided by the City of Torrington, I personally guarantee timely payment of this account and all costs, fees, charges and indebtedness incurred related thereto including but not limited to reconnect and/or disconnect fees, interest, collection costs and attorney fees if the City of Torrington commences legal proceedings in aid of collection of said account.

If you wish to dispute the facts or interpretation of the rules and regulations relied upon by the City of Torrington, you may contact the Public Service Commission at (888) 570-9905.

Signature _____ Date _____

Signature _____ Date _____

NOTICE: The City of Torrington shall not be liable for any damages resulting from the customer’s request to connect or disconnect utilities or from the disconnection of utilities for non-payment or any other reason.

FOR OFFICE USE ONLY:	
Deposit \$ _____	Receipt # _____
Service Fee \$ _____	Paid _____ Bill _____
Date Received: _____	Work Order #: _____