

**CITY OF TORRINGTON CONTRACT FOR UTILITIES**

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

Today's Date \_\_\_\_\_

Cell Phone \_\_\_\_\_

Drivers Lic. # \_\_\_\_\_ St. \_\_\_\_\_

Home 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.**

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