

TOWN of GLENROCK

219 S. 3rd St. or PO Box 417, Glenrock, WY 82637

Ofc.307-436-9294 Ex:1

Email: fschwindt@glenrock.org (Attn: Florie)

UTILITY SERVICE APPLICATION

Service Address: _____ Account No: _____

Date applicant took possession of property: _____ Owner / Renter / Landlord

DEPOSIT: \$110.00 _____ Paid by Check# _____ Cash / Card

Name: _____ Phone No. _____

Name: _____ Phone No. _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Email Billing? YES / NO

Applicant's Driver's License No: _____ State: _____ Expiration: _____

Employer: _____ Address: _____ Phone: _____

Nearest relative or friend's contact info NOT Living with you:

Name: _____ Address: _____ Phone: _____

Property owner or property manager (if different from above)

Name: _____ Phone: _____

Mailing
Address: _____ City: _____ State: _____ Zip: _____

Applicant's Signature: _____ **Date:** _____

ADDITIONAL NOTES Below:
