## Town of Lusk Utility Connect Contract

Account #		
I,, re	uest that the utilities at(service address)	
be connected on(date)	·	
	it in order for the utilities to be connected	•
	ove)	
Home (or cell) Phone		
Work Phone		
Driver License #		
Emergency Contact (In case custo	ner cannot be reached)	
Name:	Phone:	
If applicable: Landlord Name	Phone balance information and will receive a copy of all notices	
*Landlord will have access to this account	balance information and will receive a copy of all notice	3.
in my name. I also attest that I have rea	, attest that all the information indicated above a attilities at the above address be connected on an accor and understand the Town of Lusk's Utility Service at my landlord will have access to this account notices.	is of ount
S	nature	
	e	
Revised 3/3/2021	Deposit \$ Receipt #	
P.O. Box 390 • 201 East 3 <sup>rd</sup> St. • L	<, Wyoming 82225 • (307) 334-3612 • Fax (307) 334-2154 IY/TDD 1-800-877-9965	
"If you wish to file a Civil Rights program complaint of disc at <u>http://www.ascr.usda.gov/complaint filing cust.html</u> , o letter containing all of the information requested in the fo	equal opportunity provider and employer." ination, complete the USDA Program Discrimination Complaint Form, found it any USDA office, or call (866) 632-9992 to request the form. You may also v Send your completed complaint form or letter to us by mail at U.S. Departm dence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or	write a ient of

at program.intake@usda.gov."