



Grayson Utilities Commission

671 South State Highway 7
Grayson, Kentucky 41143
(606) 474-7569 or Fax (606) 474-2662



Application to *START* Utility Service

Today's Date: _____

Date to Turn "ON" Service: _____

NAME: _____
(please print neatly)

Service(s) to Turn "ON"

TELEPHONE NUMBER: _____

GAS
WATER
(select all that apply)

Driver's License Number: _____

PROPERTY ADDRESS: _____

OWN
RENT
(select one)

NAME OF PROPERTY OWNER: _____

ADDRESS FOR BILL TO BE SENT: _____

If outside City Limits do you want Garbage Pick-up? YES
 NO
(select one)

I, as owner, or authorized agent of the owner of the property at which Utility Service is requested, agree to pay for all Utility Service provided to said property.

CUSTOMERS SIGNATURE: _____

