

UTILITY BILL RELIEF GRANT REQUEST

124 N. Cloverdale Blvd., Cloverdale, CA 95425
Phone: 707-894-1700 Fax: 707-894-3451
www.ci.cloverdale.ca.us

REMEMBER:

- Complete the entire form
- Mail or deliver to City Hall

CUSTOMER INFORMATION: Enter all information below:	
Name on Account _____	Account Number _____
Service Address _____	
Contact Phone _____	Alt Phone: _____
Mailing Address (if different than above) _____	
City _____	State _____ Zip Code _____
UTILITY BILL RELIEF INFORMATION: Enter all details below:	
Amount Requested *: _____	Are your utilities past due Yes () No ()
<small>* One time, up to \$100, not to exceed current amount due</small>	
Reason for Request: _____	
SIGNATURE	
<i>I understand that by completing this form it does not guarantee an adjustment will be made to my utility bill. All adjustments are issued one-time and based on available grant funds. It is my responsibility to make payment to the utility department of the balance due to bring my account current or penalties may be assessed.</i>	OFFICE USE ONLY RECEIVED DATE STAMP
<i>I have read, understand and agree with the Utility Bill Relief guidelines.</i>	
Signature of Account Holder: _____	Date: _____
Printed Name: _____	
CITY OF CLOVERDALE UTILITY DEPARTMENT USE ONLY	
Approved By: _____	Adjustment Amt _____
Adjustment Made By: _____	Date: _____
Denied By: _____	
Reason for Denial _____	Date: _____