

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	<hr/>	Account Number	<hr/>
Service Address	<hr/>		
Contact Phone	<hr/>	Alt Phone:	<hr/>
Mailing Address (if different than above)	<hr/>		
	City	State	Zip Code
	<hr/>	<hr/>	<hr/>
UTILITY BILL RELIEF INFORMATION: Enter all details below:			
Amount Requested *:	<hr/>	Are your utilities past due Yes () No ()	
<small>* One time, up to \$100, not to exceed current amount due</small>			
Reason for Request:	<hr/>		
<hr/>			
<hr/>			
<hr/>			
SIGNATURE			
<p><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></p> <p><i>I have read, understand and agree with the Utility Bill Relief guidelines.</i></p>			OFFICE USE ONLY RECEIVED DATE STAMP
Signature of Account Holder:	<hr/>		
Printed Name:	<hr/>	Date:	<hr/>
CITY OF CLOVERDALE UTILITY DEPARTMENT USE ONLY			
Approved By:	<hr/>	Adjustment Amt	<hr/>
Adjustment Made By:	<hr/>	Date:	<hr/>
Denied By:	<hr/>		
Reason for Denial	<hr/>	Date:	<hr/>
	<hr/>		<hr/>