



UTE MOUNTAIN UTE TRIBE

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On-line

UTILITY ASSISTANCE APPLICATION (SUBMIT PAYMENT STUB WITH APPLICATION)

Today's Date _____

Name: _____ Census #: _____ Telephone Number: _____

Address: _____

City: _____ State: _____ Zip: _____

Vendor Name: _____ Current U/A Balance: \$ _____

***Please check what you want paid/amount in space provided:**

Propane (ONLY) Amount: \$ _____

Electric: Amount: \$ _____

Name of Resident & Propane Delivery Address: _____

Telephone: Amount: \$ _____

Cable: Amount: \$ _____

Other: _____ Amount: \$ _____

Customer Account #: _____

Remaining Utility Assistance Balance After this Bill is Paid: \$ _____

Are you paying another person's bill? Yes No

Not responsible for disconnection on bills that are past due or turned in on due date. ALLOW 3-5 DAYS TO PROCESS.

If yes, write person's name here: _____ Relationship _____
(must be immediate family)

X _____
Signature of Tribal Member Date

X _____
Utility Technician Signature Date

X _____
Signature of Senior Program Staff (Senior Citizens Only) Date

ATTENTION: IF YOU LIVE OUTSIDE THE TOWAOC AREA OR OUT OF STATE, THIS FORM MUST BE NOTARIZED!

STATE OF _____

COUNTY OF _____

The foregoing instrument was acknowledged before me this _____ day of _____, 20 _____

by _____

Witness my hand and official seal

Signature

My commission expires _____