



# UTE MOUNTAIN UTE TRIBE

P.O. Box 248 • Towaoc, CO 81334-0248  
Phone: (970) 565-3751 ext. 696 or 697 • Fax: (970) 564-5639 **20- Online-Covid**

## 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: \$ \_\_\_\_\_

Propane Delivery Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

\_\_\_\_\_

Cable: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Other: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Will pick up: \_\_\_\_\_ Mail: \_\_\_\_\_

Customer Account #: \_\_\_\_\_

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

Is this bill past due? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you paying another persons' 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 \_\_\_\_\_