



UTE MOUNTAIN UTE TRIBE

P.O. Box 248 • Towaoc, CO 81334-0248
Phone: (970) 565-3751 ext. 696 or 697 • Fax: (970) 564-5639 **23-ONLINE**

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 _____