

Health and Human Services Director - Karyn Smith Tonopah Office Nye County Courthouse 101 Radar Road Post Office Box 926 Tonopah, NV 89049 Phone: (775) 482-8125 Fax: (775) 482-7261

I.D.#: _

TO BE COMPLETED BY UTILITY PROVIDER (ORIGINAL MUST BE RETURNED TO OFFICE)

Date:			
Client's name and addre	ess:		
Account #:			
Dear	:		
You are behind in your	bill for the month/months of		
	(List kind of	utility)	
	You currently owe	2\$	in actual past due usage fees
and \$	in late fees.		
Please make a check paya	able to:		
		Name:	
	Social Secu	rity or Taxpayer ID #:	
		Mailing Address:	
		Telephone #:	
Lunderstand and agree that u	non approval of client's ap	plication for utility assista	nce. I will not disconnect the utility at any time.

I understand and agree that upon approval of client's application for utility assistance, I will not disconnect the utility at any time **during the month for which the assistance is intended.** Also, I understand that it may take 3-4 weeks before I receive a payment, if assistance is approved.

Sincerely,

Utility Provider Signature (Please sign in ink)

*****NOTE - Approval of utility assistance does not guarantee payment of full amount due.** Nye County also does NOT pay late charges. This form is NOT a guarantee of approval of utility assistance. Please contact Nye County Health and Human Services at (775) 751-7095 for final decision.***