Vernon Township Assistance
Vernon Twp Trustee, Hancock Co.
602 Vitality Dr. Fortville, IN 46040

UTILITY COMPANY AGREEMENT TO ACCEPT TOWNSHIP ASSISTANCE VOUCHER

Resident's Name(s) _____

Resident's Address _____

Resident's Utility Account Number _____

Account Charges: (NOTE: Resident is responsible for items marked with *)

Utility Type: _____ Utility Service Portion ONLY Amount $_____

*Sales Tax $_____ *Late Fees $_____ *Re-Connect Fee $_____ *NSF Fee $_____

Minimum Owed to Avoid Disconnection or Re-Connect Service $_____

Vernon Township Assistance Portion $_____

Utility Company's Acceptance: My signature below confirms I accept Vernon Township Assistance's portion of utility payment on behalf of the above resident; I agree not to interrupt the utility service at this resident's address, nor shall additional late fees be charged while awaiting Vernon Township's payment.

Utility Company Representative's Printed Name _____

Utility Co. Representative's Signature _____ Date _____

Utility Co. Rep's Email _____ Utility Co. Phone # _____

Preferred payment method: US Mail_____ ACH_____ -**OR-** Pick-Up at Vernon Township Office _____