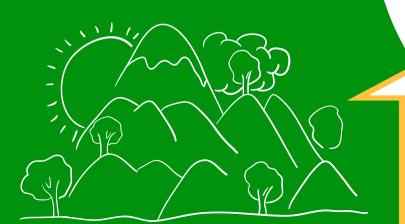
Making a difference in our community.





FountainUtilities.org (719)322-2010

Customer Contribution Authorization

l,	presently residing at	, Utility
Account No.	, authorize the	City of Fountain Utilities to increase my
monthly bill for	the purposes of donating the	amount of the increase to Lighten the
Increase my bili	payment assistance fund for I by the following amount eac	the payment of residential utility bills. ch month:
(Please select one)		

\$1.00

\$5.00

\$10.00

\$20.00

\$50.00



This authorization will remain in effect unless I contact the City of Fountain Utilities to discontinue my donation, effective the following billing period. I understand that funds, once donated, will not be refunded.

Customer Signature

Date