

CUSTOMER AGREEMENT FOR SPECIAL PENALTY DATE
(Attachment to Policy No. CP-2)

Date _____

The Special Penalty Date of Hartselle Utilities has been explained to me. I wish to participate in this program and request that Hartselle Utilities bill me under the Special Penalty Date plan beginning with my bill for the month of _____.

I understand that either Hartselle Utilities or I may cancel my participation at the end of any billing period. My participation will be subject to Hartselle Utilities Schedule of Rules and Regulations and its Standard Service Policies. I understand that if my account incurs past due charges after requesting the penalty date be changed, the agreement will be cancelled and the original penalty date will be reinstated.

I have provided an acceptable government issued photo ID and appropriate certifying document for my source of income from the Social Security Administration.

Signature of Applicant

Date Income is Received: _____

Original Penalty Date: _____ Special Penalty Date: _____

Account Name

Address

City and State

Account Number

Telephone Number

Application Approved By: _____