CITY OF BRECKENRIDGE

APPLICATIONS NOT COMPLETED IN FULL WILL NOT BE CONSIDERED FOR AWARD
APPLICANT MUST BE THE ACCOUNT HOLDER – NO EXCEPTIONS

Name on Account: _____ **Service Address:** _____

Mailing Address: _____ **State & Zip:** _____
(If Different then Service Address)

Home Phone #: _____ **Cell #:** _____

Marital Status: _____ **Single** _____ **Married** _____ **Divorced** _____ **Widowed**

Employment: _____**Currently Employed** _____**Unemployed** _____**Unemployed due to COVID-19**

Date Employment Ended: _____

List Names of ALL Adults Living at this Address: _____

_____

Prior Service in Breckenridge? _____ **Yes** _____ **No** **If Yes, Under What Name (s)?:** _____

_____

Reason Requesting: _____

_____

_____

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UTILITY BILLING CLERKS ONLY

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Account #: _____ **Name on Account:** _____

Date Service Connected: _____ **Deposit Held:** $_____

Current Account Balance: $_____ **Date of Last Payment:** _____

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CITY SECRETARY ONLY

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Logged on Spreadsheet: ☐ **Yes** ☐ **No** **Approved:** ☐ **Yes** ☐ **No**

Date: _____ **Amount:** $_____ **Initials:** _____