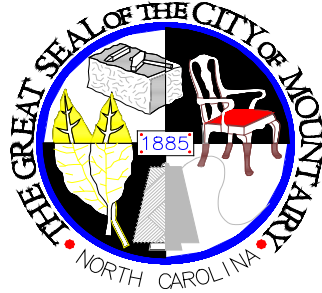


CITY OF MOUNT AIRY UTILITY VOUCHER

City of Mount Airy
Collections Department
300 South Main Street
PO Box 1725
Mount Airy, NC 27030
Phone: (336) 786-3517
Fax: (336) 719-7516



DATE: _____

Section A:

CUSTOMER'S NAME:	PHONE NUMBER	ACCOUNT NUMBER
CUSTOMER'S SERVICE ADDRESS:	CITY	STATE AND ZIP CODE
CUSTOMER'S MAILING ADDRESS:	CITY	STATE AND ZIP CODE

Section B:

	DESCRIPTION	AMOUNT
	Amount of current bill	\$0.00
	Amount of Voucher	0.00
	Ending balance	\$0.00

<p>Customer acknowledges that they are eligible for this payment once in a twelve month period.</p> <p>_____ Date: _____</p> <p style="text-align: center;">Customer</p> <p>Authorized By: The Salvation Army</p> <p>_____ Date: _____</p> <p style="text-align: center;">Representative</p> <p>This instrument has been preaudited in the manner required by the Local Government Budget and Fiscal Control Act.</p> <p>_____ Date: _____</p> <p style="text-align: center;">Finance Director, City of Mount Airy</p>	<p>For Office Use Only</p> <p>210-2010-431-2490 Project UTDON</p>
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Comments: