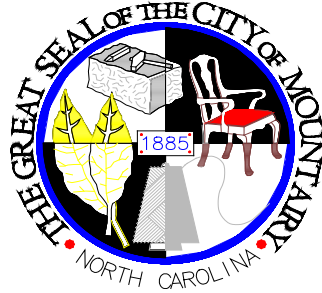


Please fill out Section A, sign and date.

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 style="font-size: 1.2em;">890-0000-229.20-01</p>
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Comments:
