

Covid-19 Relief Utilities Assistance Form

Tribal Member Name: _____

1). Requested payment amount: \$ _____

Utility Name: _____

Utility Company Address: _____

Name on Utility: _____

Account/Customer#: _____

Service Address: _____

2). Requested payment amount: \$ _____

Utility Name: _____

Utility Company Address: _____

Name on Utility: _____

Account/Customer#: _____

Service Address: _____
