



## **UTILITY AGREEMENT**

_	e Community Action Agency, Inc. showing th ; I am responsible for payn	
Name of Applicant:		
Address	City/State	Zip
Account Holders Name:		
Address	City/State	Zip
Signature of Applicant:		
Signature of Account Holders Name:		
<u>1</u>	NOTARY SECTION	
	knowledged before me by vho has produced	
	who is persona	
	as identification on	
Notary Stamp/Seal:		
Signature	Date	
		01/2