

Utility Shut-off Prevention Appeal Form

Applicant Information

Full Name

Service Address

Phone Number

Email Address

Utility Account Information

Account Number

Utility Provider

Reason for Appeal

Please explain why you are requesting a prevention of utility shut-off:

Supporting Documentation

List any supporting documents you are providing (income, hardship, medical, etc.)

Certification

☐

I certify that the information provided is true and accurate to the best of my knowledge.