



## GREEN COVE SPRINGS COVID-19 Billing Assistance Application

Date:	
Customer Name:	
Customer Account No.:	
Location Code:	
Address:	
	I hereby request participation in the FMPA/COVID-19 Billing Assistance Program and agree to the terms and conditions of the program. I acknowledge that my responses are true and accurate and I understand that should inconsistencies be determined during the application process that I risk losing any assistance:
_____	I have paid my bills on time for the last 12 months or longer.
_____	If I have been delinquent during this time is was not for more than one month during this same period
_____	I have not received any bill payment subsidy from the City of Green Cove Springs or any other Agency during the last 12 months.
_____	I have not utilized any bill payment extensions to pay my bill during the last 12 months.
_____	
_____	
<b>Billing Date on Utility Bill</b>	
Phone Number:	
e-mail address:	
Customer Signature:	

	For City Use Only:
	Reviewed by City Staff:
	Approved by:
	Date Processed by Utility Billing: