2017 WRITTEN REQUEST FORM

email to: clientservices@bexar.org

CLIENT NAME		LAST FOUR OF SOCIAL SECURITY NO.	DATE
ADDRESS		CITY/ZIP CODE	PHONE NO.
EMAIL ADDRESS			ALTERNATE PHONE NO.
ESTIMATED MONTHLY INCOME	TYPE OF INCOME	HOUSEHOLD SIZE	# OF CHILDREN IN THE HOME

What crisis or event occurred that prevented them from paying their bill? (.i.e. high energy bill, loss of income, etc.)

HOUSEHOLD INFORMATION:

PRIORITY POPULATION

IS THERE SOMEONE	Check appropriate answer
5 years of age or younger?	YES ☐ NO ☐
Disabled?	YES ☐ NO ☐
60 years of age or older?	YES ☐ NO ☐
With life support equipment?	YES ☐ NO ☐
18 Years of age or older unemployed?	YES ☐ NO ☐

PLEASE COMPLETE THE FOLLOWING:

UTILITY COMPANY:	UTILITY ACCOUNT NUMBER:	ARE YOU DISCONNECTED? YES ☐ NO ☐	DATE OF DISCONNECTION :
NAME ON UTILITY ACCOUNT:	AMOUNT OWED: $	ARE YOU BEHIND? YES ☐ NO ☐	DATE OF LAST PAYMENT:

My answers to all the previous questions, the statements I have made and the information I have provided are true and correct to the best of my knowledge and belief.

I authorize Bexar County to request, obtain, view my utility customer account data to include past and present billing amounts, charges, fees incurred, date of interuption and/or disconnection of services, including details of all charges owed from an installment plan and/or consumption history for the sole purpose of determining eligibility for and/or providing utility financial assistance.

Signature or Electronic Signature _____ Print Name _____ Date _____