



City of West Point

**Share Program
Application to Contribute Utility Assistance**

Name: _____
Last First Middle

Address: _____
No. Street City State Zip Code

Telephone No.: _____
Daytime Phone No. Evening Phone No.

I, _____ wish to contribute \$ _____.00 every
(Printed Name)

month to assist West Point utility customers who are financially unable to pay their utility bills. I understand that I can call the City of West Point at any time and cancel my participation in this program.

Signature of Applicant

____/____/____
Date