



Water/Sewer Community Assistance Program Enrollment Form

Account #:

Name:

Service Address:

City:

State:

Zip:

Phone:

Email:

Please select option:

One time donation in the amount of:

\$

Recurring monthly donation in the amount of:

\$

I authorize the Town of Boone to add a Community Contribution to my water/sewer bill as indicated above. I understand I may revoke this authorization at any time by submitting a 30-day written notice to the Town of Boone, Utility Billing & Collections department.

Please return this form to:

Town of Boone, Utility Billing & Collections

PO Drawer 192

Boone, NC 28607

Phone: (828)268-6220

Signature

Date