



# Tri-County Community Council, Inc.

302 North Oklahoma Street, P.O. Box 1210

Bonifay, FL 32425

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Toll Free 1-800-395-2696

## UTILITY BILL PAYMENT CERTIFICATION

From: \_\_\_\_\_  
(The person whose name is on the bill making statement)

Current Address: \_\_\_\_\_  
\_\_\_\_\_  
(City) (State) (Zip) (County)

Phone Number: \_\_\_\_\_

To: Tri-County Community Council, Inc.

\_\_\_\_\_  
(Agency's Site Address)

I certify that the following statement is true about the utility bill at:

Address on Bill: \_\_\_\_\_  
\_\_\_\_\_  
(City) (State) (Zip) (County)

Account Number: \_\_\_\_\_

Individual Responsible for the bill: \_\_\_\_\_

I further certify that:

- I do not live at the above address.
- The individual listed on the bill is deceased.
- The name on the bill is my maiden name.
- Other: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_