

UTILITY CUSTOMER INQUIRY WORKSHEET

“THIS FORM MUST BE COMPLETED BEFORE UTILITY PAYMENT WILL BE PAID”

Name of Customer Service Rep. at the Utility Company you spoke to:

Number of the Utility Company: _____

UTILITY COMPANY	
DATE/ TIME	
CUSTOMER NAME (Name as shown on the account)	
Bill Account Number	
Total Amount Due Please break down by months & late fees if more than one month due.	
Past Due Amount	
Most Recent Delinquent (Final Notice) Amount & Date	
Deposit Amount Due	
Amount of Last Commitment, Source & Date protected to	
Returned Check Amount & Date	
Other Information (Avg. monthly bill)	