

DATE:

CUSTOMER NAME:

CUSTOMER ACCOUNT#:

Dear Credit Manager:

The person listed above is requesting that you verify their past service record with your utility company for the benefit of providing a credit letter to the City of Garden City.

1. Approximate length of time customer was on your service:

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

2. Number of times within the last 12 months the customer was:

Assessed a late fee? \_\_\_\_\_

Had payment returned due to insufficient funds? \_\_\_\_\_

Was disconnected due to non-payment? \_\_\_\_\_

3. Has the customer paid their final bill?

\_\_\_\_\_ Yes

\_\_\_\_\_ No, but the final bill has not been billed yet.

\_\_\_\_\_ No

\_\_\_\_\_  
Credit Manager Signature

Please use Company stamp here to  
verify this form was completed  
by your utility company:

\_\_\_\_\_  
Credit Manager Phone #