

**HOLLY SPRINGS UTILITY DEPARTMENT
PLUS 1 PROGRAM**

Yes, I want to help!

Please add the following amount to my monthly utility bill:

\$1 \$5 \$10 Other (please specify) \$_____

(please print)

Name _____

Address _____

City _____ State _____ Zip _____

HSUD Account Number _____

Signature _____