

MIDDLE TENNESSEE NATURAL GAS UTILITY DISTRICT
SENIOR NET PROGRAM
Application for Waiver of Late Charges

Date

MTNG Account Number

Name of Applicant (Please Print)

Telephone Number

Address

City

ZIP Code

I request a waiver of late charges on my Middle Tennessee Natural Gas Utility District gas account. I certify I depend on my fixed income to pay my gas bill. This income is not received in time to allow me to pay my bill on or before the due date of my account.

I receive one or more of the following types of monthly incomes (check all that apply):

Social Security Retirement _____

Social Security Disability _____

Social Security Survivor's Benefit _____

Supplemental Security Income _____

Veterans Administration Pension _____

Other (Please Specify) _____

Upon request, I agree to supply verification that I am in receipt of a fixed income from the agency or company paying my monthly income. Should my status change, I will notify Middle Tennessee Natural Gas Utility District.

Signature

OFFICE USE ONLY

Date Received: _____
Date Credit Approved: _____
Approval Denied: _____
Date Penalty exemption
entered into computer: _____
Date Customer Notified: _____

Verified By: _____
Approved By: _____
By: _____
By: _____