



LETTER OF CREDIT

NOTE: THE FOLLOWING INFORMATION MUST BE COMPLETED TO ENSURE THE PROPER LETTER OF CREDIT IS GIVEN. INCOMPLETE FORMS WILL NOT BE PROCESSED.

NAME: _____ **PHONE NUMBER:** _____

ADDRESS FOR CREDIT: _____

CITY OF MILTON ACCOUNT #: _____

HOW LONG AT CITY OF MILTON ADDRESS? _____
(MONTH & YEAR THRU MONTH & YEAR – NOT AMOUNT OF YRS)

NEW UTILITY COMPANY NAME: _____

NEW PUD ADDRESS: _____

PUD FAX #: _____ **NEW ACCOUNT #:** _____

CUSTOMERS NEW ADDRESS: _____

DATE OF REQUEST: _____

NOTE: REQUEST SUBMITTED FOR LETTERS OF CREDIT WILL TAKE APPROXIMATELY 14 DAYS.

CLERK INITIALS: _____

DATE FAXED OR MAILED: _____