



**City of West Point**

**Share Program  
Application to Contribute Utility Assistance**

Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
No. Street City State Zip Code

Telephone No.: \_\_\_\_\_  
Daytime Phone No. Evening Phone No.

I, \_\_\_\_\_ wish to contribute \$ \_\_\_\_\_.00 every  
(Printed Name)

month to assist West Point utility customers who are financially unable to pay their utility bills. I understand that I can call the City of West Point at any time and cancel my participation in this program.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date