



Larry Grant, Director

DATE: _____

To Whom it May Concern:

I, _____, hereby guarantee the payment of utility bills for
service at _____ in the name of _____.

I realize that if payments are not made, **I will be fully responsible.**

Signature

Guarantor's Address: _____ (Mailing)
_____ (Residence)

Telephone Number: _____

Relationship: _____

Hawthorne Utilities- Mineral County is an equal opportunity employer