

## **COVID-19 CITY UTILITY BILL RELIEF DONATION FORM**

The City recognizes there is a substantial need for city utility bill financial assistance for our residents. The City is allocating \$25,000 for city utility bill relief along with instituting a community donation program.

Please note that donations will be credited to individual residential city utility (water/sewer/storm) accounts based on qualification for city utility bill assistance due to COVID-19. Any remaining donated funds after the State of Emergency has ended will not be returned but will either be sent to OlyCap for continued financial assistance for Port Townsend residents in need or the City may institute an ongoing donation program.

| Name:   |   |  |   |   |
|---|---|--|---|---|
| Address:                                      |   |  |   |   |
| Phone:  |   |  |   |   |
| Email:  |   |  |   |   |
| Check the bo                                  | x if you wish to remain anonymous   |  |   |   |
| Amount incl<br>If you wish to                 | uded for donation:o donate to a specific city utility accou   | unt, please include the  | name and address of t   | he individual with this form:                         |
| customers' a<br>applications<br>this State of | I that my signature below authorizes accounts affected by the COVID-19 received for city utility bill assistanc Emergency has ended will not be retensend residents in need or the City resend residents in need or the City reservers. | virus. The distribution is as a result of the Courned but will either by | n of these funds will b<br>DVID-19 virus. Any dor<br>be sent to OlyCap for co | pe determined by approved nated funds remaining after |
| Signature                                     |   |  |   | Date  |
|   |   |  |   |   |

Please return forms and checks payable to City of Port Townsend, 250 Madison Street, Ste 1, Port Townsend, WA 98368

\* Donations may be tax deductible, please advise your tax accountant \*