



City Of Union

101 Sharpe Avenue
P.O. Box 987
Union, SC 29379

City of Union American Rescue Plan Utility Bill Assistance Grant - Commercial

Date: _____

Utility Account Number : _____

Service Address: _____

Business Name: _____

****The City of Union requires tax return documents indicating reduced revenue from 2019 to 2020, or from 2020 to 2021. A signed statement from the business's accountant on company letterhead indicating reduced revenue from 2019 to 2020, or from 2020 to 2021, would also be acceptable.**

I understand that this is a one-time application, and I will not be permitted to apply for additional assistance. Once my application is submitted and then subsequently approved, I understand that that a \$200 credit will be applied to my City of Union utility bill for the next two (2) billing cycles, for a total of \$400. I further understand that this grant program operates only as funds are available. The City of Union reserves the right to discontinue the issuance of assistance grants if American Rescue Plan funds are depleted.

Customer signature is required _____ Date _____