HOLLY SPRINGS UTILITY DEPARTMENT
PLUS 1 PROGRAM

Yes, I want to help!

Please add the following amount to my monthly utility bill:

☐ $1 ☐ $5 ☐ $10 ☐ Other (please specify) $_____

(please print)

Name_____

Address_____

City_____ State_____ Zip_____

HSUD Account Number_____

Signature_____

Submit Form