

This is a fillable form.

The Good Samaritan Center/NEIGHBOR AID ENROLLMENT FORM

My utility company is (check one): Loudon Utilities Board or Lenoir City Utilities Board

I wish to participate in **NEIGHBOR AID**. I authorize my utility company to add the following amount to my bill each month (check one):

\$1.00 \$3.00 \$5.00 Other: \$ _____

I understand that this monthly contribution will continue until I notify my electric company in writing or by phone that I no longer wish to participate.

Name as it appears on your utility bill (please print or type name) _____

LUB or LCUB Account No. _____

Signature: _____

Addresses:

Loudon Utilities Board
201 Alma Place
Loudon, TN 37774-0069

Lenoir City Utilities Board
206 Depot Street
Lenoir City, TN 37771