

Pahrump Office  
Marilynn Gallivan Complex  
1981 E. Calvada Blvd. North  
Suite 120  
Pahrump, NV 89048  
Phone: (775) 751-7095  
Fax: (775) 751-4284



**Health and Human Services  
Director - Karyn Smith**

Tonopah Office  
Nye County Courthouse  
101 Radar Road  
Post Office Box 926  
Tonopah, NV 89049  
Phone: (775) 482-8125  
Fax: (775) 482-7261

I.D.#: \_\_\_\_\_

**UTILITY LETTER - PAST DUE**  
**\*\*TO BE COMPLETED BY UTILITY COMPANY\*\***

Date: \_\_\_\_\_

**Client's name and address:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Account #: \_\_\_\_\_

You are **past due** with your \_\_\_\_\_ for the following month(s):  
(name of utility)

<b><u>Month Past Due</u></b>	<b><u>Amount</u></b>	<b><u>Month Past Due</u></b>	<b><u>Amount</u></b>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

You currently owe \$ \_\_\_\_\_ in past due charges and \$ \_\_\_\_\_ in late fees.

Total amount due: \$ \_\_\_\_\_ (Total Past Due + Total Late Fees)

**Please make a check payable to:**

Name: \_\_\_\_\_

Social Security or Taxpayer ID #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_

Is utility included in rent and payable to the landlord? ☐ YES ☐ NO

**I understand and agree that upon approval of client's application for utility assistance, I will not commence utility shutoff proceedings at any time during the month for which the assistance is intended. Please Note: Approval of utility assistance does not guarantee payment of full amount due, and this form is NOT a guarantee of approval for utility assistance. It is my understanding that I will receive a letter from Nye County Health & Human Services indicating approval or denial of assistance. Also, I understand that it may take up to 4 weeks before I receive a payment, if assistance is approved.**

\_\_\_\_\_  
Utility Company Signature

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Email Address