

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.#: _____

ESSENTIAL SERVICE - PAST DUE

****TO BE COMPLETED BY SERVICE PROVIDER****

Date: _____

Client's name and address:

Account #: _____

You are **past due** with your _____ for the following month(s):
(name of essential service)

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

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/Agency/Company: _____

Social Security or Taxpayer ID #: _____

Mailing Address: _____

Telephone #: _____

I understand and agree that upon approval of client's application for essential service assistance, I will not discontinue services at any time during the month for which the assistance is intended. Please Note: Approval of essential service assistance does not guarantee payment of full amount due, and this form is NOT a guarantee of approval for essential service 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.

Vendor Signature

Telephone Number

Print Name

Email Address