SOCIAL SECURITY AFFIDAVIT FOR THE CITY OF BAY CITY

STATE OF MICHIGAN

SS

COUNTY OF BAY

_____ Being duly sworn deposes and says:

1. My date of Birth is: _____
2. My address is: _____
3. My account number is: _____
4. I am a recipient of Social Security and will receive my next check on:

   _____

5. I am hereby requesting a grace period of the two percent (2%) per month for the Electric/Water Bill.

_____

Signature of Customer