

OPERATION HEAT HELP COMMITMENT FORM

Date

Applicant's Name

Account Number

Address

Telephone Number

I verify the above applicant qualifies for assistance from Operation Heat Help.

Nueces County Department of
Social Services
Supervisor

Nueces County Department of
Social Services
Representative

**THE BOTTOM HALF OF THIS FORM WILL BE COMPLETED AT THE CITY OF CORPUS CHRISTI
PUBLIC UTILITIES OFFICE, CITY HALL**

ASSISTANCE WILL NOT BE GIVEN WITHOUT A COMPLETED FORM

Account Name

Account Address

Account Number

Approval of \$ _____ to be applied to gas bill, up to \$100.00

City of Corpus Christi Public
Utilities
Resolution Supervisor

City of Corpus Christi Public
Utilities
Resolution Intake Specialist

Category

WHITE – Public Utilities

YELLOW – Accounting

PINK – Nueces County Human Services