



OFFICE OF
**RESILIENCE AND
COMMUNITY SERVICES**

CERTIFICATION OF UTILITY RESPONSIBILITY

****This form must be filled out by the person whose name is on the LG&E bill.****

I certify that although the utilities are in my name, _____
(CLIENT SEEKING ASSISTANCE)

resides at _____,
(ADDRESS)

Louisville, Kentucky _____ and they take full responsibility for the bill.
(ZIP)

Signature of **L&GE bill holder** _____

Date _____

Signature of **CLIENT SEEKING ASSISTANCE** _____

Date _____

CAP Representative Signature _____

Date _____