

CITY OF RAYMOND BUSINESS UTILITY RELIEF APPLICATION

Basic Information:

Date:

Business Name:		Owner:
Street and or Mailing Address:		
City:	State:	Zip:
Email:		Phone: Cell:

of Employees: _____

How was your business impacted by COVID-19: _____

Did you close your business during COVID-19: Yes or No (please circle)

If no, please explain: _____

_____.

SIGNATURE OF APPLICANT: _____

UTILITY ACCOUNT NUMBER: _____