



**Cabot WaterWorks and First Care
Round Up Program**

Name on Account _____ Account # _____

I _____ give Cabot WaterWorks permission to round up my bill to the nearest whole even dollar amount each month on my water bill starting (date) _____ and will continue to do so until I take my name off of the program list. This program has been designed by Cabot WaterWorks and First Care to help people in our community that need help paying their water bill.

Thank you

Cabot WaterWorks

Customer's signature _____

Date signed _____

FOR OFFICE USE ONLY

Date entered into system _____ Clerk _____

501-605-1740 Office

501-605-1743 Fax