## Name **ດຣ໌ ໄໝກ**າເວລີດ ໄດ້ Street Address \_City\_VT 0500<u>0</u>

802-XXX-XXXX FAX: 802-XXX-YYYY F-

## EXISTING CUSTOMER FEE DISCLOSURE FORM

FEE	AMOUNT
Service Diagnostic Fee	\$
Leak or Pressure Test Charge	\$
After-Hours Delivery Charge	\$
Meter Read Fee	\$
Equipment Lease Fee (circle one)	\$
Per Month Per Year	
Special Trip Charge - Working Hours	\$
Special Trip Charge - After Hours	\$
Equipment Reconnection Charge	\$
Late Payment Fee	\$
Insufficient Funds Fee	\$
	\$
	\$
	\$
	\$

(Form Date: 01/01/2012)