

**PROJECT SHARE
APPLICATION AND AUTHORIZATION**

**City of Glidden Municipal Utilities
108 Idaho Street – P.O. Box 349
Glidden, Iowa 51443
(712) 659-3010**

Applicant _____

Address _____ Phone _____

Applied for LIHEAP: Yes ___ No ___ LIHEAP Eligible: Yes ___ No ___ Verified by: ___

Applicant's Signature

Date

Account Number _____

Application: Approved _____ Denied _____

Project Share Benefits provided to City of Glidden Electric Utility in the amount of \$ 50.00

Payment Date _____ Check # _____

City Official

Date