

**LAGRANGE COUNTY REGIONAL UTILITY DISTRICT
P O BOX 270
LAGRANGE, IN 46761
260-499-6349**

That _____, acknowledges that I (We) have been provided a copy of Ordinance No. 2010-3-10. Signature of this document acknowledges that I (We) understand said ordinance in regards to discontinuation of billing fees.

Heidi M Sisco, Administrative Manager