

METER NO. _____

MUNICIPAL LIGHT UTILITY

RECEIPT NO. **136**

ACCOUNT NO. _____

INDIANA

DATE _____

NAME _____

ADDRESS _____

DUE DATE _____

\$ _____ WILL BE
ADDED IF NOT PAID ON OR
BEFORE DUE DATE.



Haywood Pub. Co., LaFayette, Ind.

DATE	METER READING	KWH. LIGHTING	KWH. POWER	AMOUNT
	Present			
	Previous			
	Kwh. Consumed			
Received Payment.....			Minimum ARREARS	
By.....			Col. Charge	
			TOTAL	

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