

APPLICATION

Utility Budget Payment Plan 2017

Customer ID _____ Location ID _____

Account Name
Customer or Business Name _____

Service Address _____

Contact Person _____

Contact Phone Number _____

| Average Billing Amount | Customer History Page Attached | |
|---------------------------------|--------------------------------|-------|
| Electric Base Rate | 01 | _____ |
| Electric Rate Adjustment | 02 | _____ |
| Sewage with new rate adjustment | 10 | _____ |
| Recycling | 20 | _____ |

BUDGET AMOUNT _____

Effective Dates From April 2017 To March 2018

*All tenants wishing to make application must first have **written** consent from the landlord.*

I the undersigned agree to make full payment of the “**Budget Amount**” by the **due date** on my utility bill. I understand that failure to pay in full by the due date will result in termination proceeding as well as added late charges and termination costs.

I understand that failure to pay in full by the due date three or more times will cause me to be ineligible for future budget payment plans.

I further agree that I am not eligible for any type of additional payment arrangements.

Signature of Landlord _____ Date _____
(If Applicable)

Signature of Customer _____ Date _____

Entered by _____ Date _____