

APPLICATION

Utility Budget Payment Plan 2025

APPLICATION DUE : 4-18-2025

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 _____

Trash 20 _____

BUDGET AMOUNT _____

Effective Dates From April 2025 To March 2026

*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 _____