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## Budget Billing Program Application

Name: \_\_\_\_\_ Acct. No.: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone No.: \_\_\_\_\_ Alt. Phone No.: \_\_\_\_\_

Social Security No.: \_\_\_\_\_

Driver's License No.: \_\_\_\_\_

Is this property a mobile home?      Yes \_\_\_\_\_      No \_\_\_\_\_

I have read and understand the attached guidelines for the Budget Billing Program and agree to the conditions contained within. If I fail to follow any of the guidelines, I will be ineligible to continue the program.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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### For Official City Use Only

#### Estimated Monthly Budget Amounts

Electric \$ \_\_\_\_\_ Gas \$ \_\_\_\_\_ Water \$ \_\_\_\_\_

Sewage \$ \_\_\_\_\_ Sanitation \$ \_\_\_\_\_

Total Estimated Monthly Budget Amount \$ \_\_\_\_\_

Approved     Denied

Authorizing Agent: \_\_\_\_\_ Date: \_\_\_\_\_