



## FORM 24 - APPLICATION FOR LEVEL PAYMENT OF UTILITY BILLS

CITY OF \_\_\_\_\_, KANSAS

### APPLICATION FOR LEVEL PAYMENT OF UTILITY BILLS

NAME: \_\_\_\_\_  
(Please print)

ADDRESS: \_\_\_\_\_

Account No: \_\_\_\_\_

I wish to apply for the level payment plan for utilities (water, sewer, electric) on the above account effective January 20\_\_\_\_.

I understand and agree to abide by the following terms and conditions:

1. Should my plan amount not be paid by the fifth (5th) of each month, the level payment agreement is null and void and any balance on the account is due in full.
2. I will remain enrolled in the level utility billing plan for twelve months, one (1) year.
3. At the end of the twelve months, my account balance shall be brought up to date and made current. The account shall be increased or decreased as necessary to have a -0- balance.

\_\_\_\_\_  
Signature of Customer

\_\_\_\_\_  
Date