



APPLICATION FOR UTILITY BUDGET BILLING

DATE _____ LAST FOUR DIGITS OF SSN: _____

ACCOUNT NUMBER CUSTOMER ID/LOCATION ID _____ - _____

ACCOUNT NAME _____

SERVICE ADDRESS _____

BILLING ADDRESS (IF DIFFERENT THAN ABOVE) _____

By signing below, I request my account to be billed using the Budget billing option. My bill will be the average of the current month's bill and the previous 12 months. The amount due each month may vary slightly from month to month.

The Budget Billing option is available as long as my account is not turned off for nonpay. Also, I can return to normal billing by notifying a utility customer service representative and paying my account in full.

In the event of an interruption of service due to nonpayment on the account, the account balance, including all deferred charges, and other fees as appropriate must be paid to restore service. I understand the interruption of service due to nonpayment will make my account ineligible for Budget Billing until twelve consecutive months of uninterrupted service.

CUSTOMER SIGNATURE _____ DATE _____

FOR OFFICE USE ONLY

_____ TWELVE CONSECUTIVE MONTHS AT CURRENT ADDRESS

_____ BILL IS PAID UP-TO-DATE

_____ HAVE NOT BEEN TURNED OFF FOR NONPAY THE PREVIOUS 12 MONTHS

_____ HAVE NOT BEEN REMOVED FROM BUDGET BILLING PROGRAM THE PREVIOUS 12 MONTHS

CUSTOMER SERVICE REP _____ DATE _____

ENTERED IN BUDGET BILL PROGRAM BY _____ DATE _____

RETURN TO: Utility office, 116 E. Dallas
or
MAIL TO: City of Broken Arrow
Revenue Division
P.O. Box 610
Broken Arrow, OK 74013-0610