

# CITY OF BROWNTON UTILITY ACCOUNT PAYMENT PLAN

If you cannot pay your bill in full, please fill out this form and return it to your utility provider for approval.

NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE \_\_\_\_\_ ZIP: \_\_\_\_\_  
Home/Cell Phone# \_\_\_\_\_ WORK#: \_\_\_\_\_

Installment payments in the payment agreement shall include the estimated current bill plus at least twenty-five percent (25%) of any overdue amount monthly. ***If the customer fails to pay an installment of the payment agreement, and has not contacted the City Clerk's Office previous to the agreed upon installment date, Utilities will be disconnected without further notice. \$250.00 Fee payable to City prior to reconnection.***

AMOUNT OVERDUE: \_\_\_\_\_  
AVERAGE ESTIMATED MONTHLY BILL: \_\_\_\_\_  
EXPECTED MONTHLY PAYMENT UNTIL PAID IN FULL: \_\_\_\_\_

## PAYMENT ARRANGEMENTS

I PROPOSE TO PAY MY OUTSTANDING AND FUTURE BILLS  
ACCORDING TO THE FOLLOWING SCHEDULE OF PAYMENTS.

\$ \_\_\_\_\_ BY (DATE(s)) \_\_\_\_\_  
\$ \_\_\_\_\_ BY (DATE(s)) \_\_\_\_\_  
\$ \_\_\_\_\_ BY (DATE(s)) \_\_\_\_\_  
\$ \_\_\_\_\_ BY (DATE(s)) \_\_\_\_\_

**NOTE:** As an incentive to the customer - If the above payments are made by the said due date, penalty will be waived until the bill is paid in full. If the payment plan is violated, the penalty status will be reactivated.

The City has provided you with the opportunity to enter into this payment plan to cover your overdue utility bill. The city is willing to work with you, in good faith, to bring your account current. If this plan is violated, you will be disconnected without further notice. ***If disconnected, there will be a \$250.00 reconnection charge due before service is restored, plus current balance due on account.***

Please be informed that during the winter months being protected by the "Cold Weather Rule," the City will offer the resident who qualifies one (1) payment plan.

By signing this form, I hereby declare that the above information is true and correct. I agree to make the payments as scheduled above, if approved by the City of Brownton. I give my permission to any energy provider or public assistance agency that serves me to exchange income and billing information with other energy providers, public assistance agency, and my utility for the purpose of program qualification.

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