

**CITY OF CASHMERE
101 WOODRING STREET
CASHMERE, WA 98815
(509) 782-3513**

**APPLICATION FOR
UTILITY EQUAL PAYMENT PLAN**

NAME _____

ACCOUNT NO. _____

SERVICE ADDRESS _____

MAILING ADDRESS _____

HOME PHONE _____ WORK PHONE _____

MONTHLY PAYMENT AMOUNT (June 1999 through April 2000) _____

I undersigned hereby agree to pay the amount indicated above by the 17th of each month. I understand that May will be an "adjustment month" and **any underpayment of my bill for the previous year must be paid at that time.** Any overpayment will be applied to my account, and my payments will be adjusted either up or down to compensate for the difference.

If at any time my account becomes more than thirty (30) days past due, this agreement becomes null and void and all amounts owing become due and payable subject to shutoff of utilities.

This agreement will remain in effect until terminated, in writing, by either party. You will be notified of your new payment amount by mail each May.

I understand that I will receive my regular monthly bill for informational purposes only.

SIGNATURE

DATE

APPROVED BY

DATE