

**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