

**CITY OF UKIAH
APPLICATION FOR BUDGET BILLING**

NAME:		ACCOUNT#:
MAILING ADDRESS:		CITY/ZIP:
SERVICE LOCATION:		
PHONE:	MONTH SERVICE WILL BEGIN:	

**CONDITIONS OF AGREEMENT FOR
BUDGET BILLING PARTICIPATION**

PLEASE READ CAREFULLY BEFORE SIGNING

By signing the application for the budget Billing Program, I understand and agree to the following conditions for participation:

- 1) Payment will be made every month for the full amount of the budget billing amount
- 2) More than 2 delinquent notices or one final notice on my City of Ukiah Utility bill will terminate participation in the Budget Billing Program
- 3) The budget billing amount will be re-calculated every year in October. If my participation in the program starts before the month of October, my budget amount may change when it is re-calculated in October.
- 4) If I no longer wish to participate in the program, I will notify the City of Ukiah Utility Billing Department in writing prior to my next utility bill
- 5) I understand that removal from participation in the Budget Billing program by my written request or removal from the program by the City of Ukiah due to delinquencies or final notices on my utility account, the full balance is due and payable immediately. Failure to pay may result in my utility service being terminated

Signature:

Date:

**YOUR UTILITY ACCOUNT MUST HAVE A ZERO BALANCE TO IMPLEMENT
THE BUDGET BILLING PROGRAM**

Mail to: City of Ukiah, PO Box 2860, Ukiah Ca 95482 (707) 463-6228