

# CITY OF LAFAYETTE

## Levelized bill payment plan agreement for residential customers

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone No.: \_\_\_\_\_

Account No: \_\_\_\_\_

I hereby request participation in the Levelized Billing Plan offered by the City of LaFayette, under which my monthly bill will be "levelized" based upon actual bills for the current and most recent eleven (11) months. I also understand the conditions for participation in the plan are as stated below, and that failure to comply with these provisions will result in automatic removal from the Levelized Payment Plan.

### CONDITIONS

1. Applicant must have had service with the City of LaFayette for at least twelve (12) months with good payment history.
2. Levelized bills will be calculated as the average of the current and previous 11 months' actual bills.
3. Levelized payments due hereunder shall be paid on or before the due date, and failure to make payment by this date will result in automatic removal from the plan, in which case, any amount due will be reflected on the next bill, and will be subject to normal collection procedures.
4. If participation in the plan is terminated, either by customer's request or by automatic termination, customers shall not be allowed to re-enter the Levelized Payment plan in less than twelve (12) months from the date participation was terminated, providing eligibility criteria are met at the time of reapplication.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date