



CITY OF CASHMERE
101 WOODRING STREET
CASHMERE, WASHINGTON 98815
Phone: 509-782-3513 Fax: 509-782.2840
www.cityofcashmere.org

Application for Utility Equal Payments

ACCOUNT NAME _____ DAYTIME PHONE _____

ACCOUNT NUMBER _____

SERVICE ADDRESS _____

MAILING ADDRESS _____

MONTHLY PAYMENT AMOUNT _____ (June of current year through April of next year)

I, the undersigned, hereby agree to pay the amount indicated above by the last City working day 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.

I understand, and hereby agree, that if at any time my account becomes past due, I will be removed from the Equal Payment Program and all amounts owing will 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. (Unless I have signed up for paperless billing).

Account Signature

Date

Approval signature

Date