



BOROUGH of QUAKERTOWN

UTILITY BUDGET AGREEMENT

Owner Information

Name:		
Date of Birth:	SSN:	Phone:
Current Address:		
How Long at Current Address:	Account:	E-mail:
Previous Address:		
City:	State:	ZIP:
Owned Rented (Please circle)	How long at Previous Address:	

Employment Information

Employer Name:		
Employer Address:		How long?
Phone:	E-mail:	Fax:
City:	State:	ZIP:

Certification

My signature below verifies that:	
<input type="checkbox"/> I have lived at the above location for a minimum of one year.	
<input type="checkbox"/> I have a zero (\$0) account balance and must be twelve months delinquent free.	
<input type="checkbox"/> I will pay the above budget amount every month <u>on or before</u> the due date. A missed or late payment will result in removal from the budget program and subject to penalties for the delinquent balance.	
<input type="checkbox"/> I am aware that the account will be annually audited and adjustments may be made to the calculated budget amount if necessary. At which time, a new agreement must be completed.	
Signature of Owner:	Date:

Utility Billing Verification

To be Completed by the Borough of Quakertown

Current Payment Status	Y N	Accepted into Plan	Y N	Monthly Budget Payment \$
Authorization:				Date: