

CITY OF WARROAD

UTILITY BUDGET PAYMENT PLAN

ACCOUNT HOLDER INFORMATION:

Name on Account: _____

Physical Address: _____

Mailing Address: _____

Current Utility Account #: _____

I agree to make monthly payments of \$_____ on my City of Warroad utility bill on or before the 25th of each month.

I understand that this amount may need to be adjusted periodically if my actual usage changes significantly over the base year, or if there are any changes to the utility rates and/or the sales tax rates.

I also understand that if my payments are not made by the due date (the 25th of each month), the City will take my account off the budget payment plan and my account will revert to the regular City utility billing system. Should this happen, any amount due, including any late charges, will be due immediately and could be cause for disconnection of my utilities.

Signature of Account Holder

Signature of Spouse (*if joint account*)

Date

Return this form to:
City of Warroad, P.O. Box 50, Warroad, MN 56763