



# CITY OF COLLINSVILLE

## AVERAGE MONTHLY BILLING AGREEMENT

**REGISTRATION PERIOD – OCTOBER – NOVEMBER**

ACCOUNT # \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

TO TAKE ADVANTAGE OF THE AVERAGE MONTHLY PLAN (AMP) YOU MUST HAVE TWELVE (12) MONTHS GOOD CREDIT HISTORY WITH THE CITY OF COLLINSVILLE UTILITIES AND YOUR BILL MUST BE CURRENT. **TO STAY ON THE AMP PLAN YOU MUST PAY YOUR BILL BY THE 10<sup>TH</sup> OF EACH MONTH.** THIS PROGRAM IS FOR CUSTOMERS THAT PAY THEIR BILLS BY THE DUE DATE EACH MONTH. YOU WILL BE ALLOWED TO HAVE ONE LATE PAYMENT (EMERGENCY) A YEAR. AFTER THAT YOU WILL BE SUSPENDED FROM THE PROGRAM AND WILL BE EXPECTED TO PAY YOUR ACCOUNT BALANCE IN FULL. PARTICIPATION FOR TWELVE (12) MONTHS IS REQUIRED.

I \_\_\_\_\_ UNDERSTAND AND WILL ABIDE BY THE RULES FOR THE AMP PROGRAM.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
CLERKS INITIALS

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\*\*\*\*FOR OFFICE USE ONLY\*\*\*\*

ENROLLMENT DATE: \_\_\_\_\_

\_\_\_\_\_  
CLERKS INITIALS

SUSPENSION DATE: \_\_\_\_\_