



# Brainerd Public Utilities

## Application for Budget Billing

Full Name (Last, First Middle) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Ext \_\_\_\_\_

Cell Phone \_\_\_\_\_ Utility Account Number \_\_\_\_\_

E-mail Address \_\_\_\_\_

**Enrollment period is March and September. Applications have to be received by the last working days of either month.**

**To be eligible for budget billing you must:**

- Have 12 month billing history at current place of residence
- Be current with utility payments
- Agree to remain in program for 12 months
- Agree to pay full budget amount each and every month by the due date
- Agree that any payment less than the budget amount will be subject for disconnect
- Agree that after two delinquent payments or if account is in disconnect status the account is not eligible for budget billing for 12 months
- Agree that budget billing accounts are ineligible for time extensions or payment agreements

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

IN OFFICE ONLY _____ Account Number	_____ Effective Date
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