



LANSDALE BOROUGH

1 Vine Street
Lansdale, Pa 19446

Phone: 215-368-1691
Fax: 215-361-8319

www.lansdale.org

BUDGET BILLING APPLICATION & AGREEMENT *please submit to 1 Vine Street, Lansdale, Pa 19446*

Name: _____

Address: _____

City, State, Zip: _____

Account Number: _____

Phone: _____

Alternate Phone: _____

I hereby authorize the Borough of Lansdale ("Borough") to enroll me in the Budget Billing Program until I notify the Borough otherwise in writing.

I understand that the AMP Billed Amount is calculated based on kilowatt usage during a rolling twelve month period.

The Borough has the right to deny me privilege of participation in this program if at any time the monthly budget amount is not paid by the due date.

If removed from the program due to failure to maintain payments, account holders may re-enroll after a period of six months, penalty free.

By signing this agreement, I / we acknowledge that I / we understand and agree with the above statements.

*****Please note that all names listed on the electric utility account
MUST sign to enroll in the Budget Billing Program*****

Signature _____

Signature _____

Signature _____

Date _____

For Borough Use Only

Accept

Removed by: _____

Decline

Reason(s) why and / or attached forms

Processed By _____ Date _____

