



CITY OF METROPOLIS

JAN ADAMS, CITY CLERK
106 WEST FIFTH STREET - PO. BOX 682
CITY HALL • METROPOLIS, ILLINOIS 62960
PHONE: 618-524-2711
FAX: 618-524-8864

APPLICATION FOR BUDGET BILLING

DATE: _____ ACCT NUMBER: _____

NAME: _____

ADDRESS: _____

HOME PHONE: _____ WORK PHONE: _____

The undersigned hereby submits this request for budget billing charges to be paid by the undersigned as follows:

1. The calculated budget bill for each month shall be paid on the due date as provided by each monthly billing; and
2. In the event of removal in the program, the undersigned agrees to pay the difference. If a credit is due, it will be reflected on the next billing; and
3. The undersigned hereby agrees to pay any and all costs incurred by the City of Metropolis in collecting the above charges and fees including reasonable attorney's fees and court costs.
4. This agreement shall be subject to approval by the City Clerk or Billing Clerk.

By execution of this agreement, the undersigned agrees to the above terms of payment.

Customers Signature

Customer Signature

Witnessed

Witnessed