

AVERAGE MONTHLY (AMP) PLAN APPLICATION

CITY OF YALE WATER & SEWAGE TRUST AUTHORITY

THE YALE WATER & SEWAGE TRUST AUTHORITY OFFERS AN **AVERAGE MONTHLY PAYMENT PLAN**. TO HELP THE CUSTOMER BUDGET FOR HIS/HER UTILTIY COSTS. ALTHOUGH THE PLAN IS NOT SUITABLE FOR EVERYONE, IT IS PARTICULARLY HELPFUL FOR YOUNG FAMILIES, THE ELDERLY, OR THOSE ON LIMITED OR FIXED INCOMES.

TO BE ACCEPTED FOR THE **AVERAGE MONTHLY PAYMENT PLAN (AMP)**, A CUSTOMER MUST HAVE AND MAINTAIN THE FOLLOWING:

- 1. A SATISFACTORY BILLING RECORD WITH NO LATE PAYMENTS IN THE PREVIOUS (6) MONTHS.**
- 2. RESIDE AT THE CURRENT ADDRESS A MINIMUM OF (12) MONTHS PRIOR TO THIS APPLICATION DATE.**
- 3. THE ACCOUNT PAID IN FULL AT THE TIME OF APPLYING FOR THE PROGRAM.**
- 4. MAINTAIN A GOOD PAYMENT HISTORY WITH NO LATE PAYMENTS DURING THE PROGRAM. (NOTE: BEING LATE MAY RESULT IN CUSTOMER BEING REMOVED FROM THE PROGRAM.)**

THE **AMP PLAN** WILL BE IMPLEMENTED WITH THE NEXT BILLING CYCLE FOR CUSTOMERS WHO SIGN UP MORE THAN (15) DAYS BEFORE BILLS ARE PROCESSED.

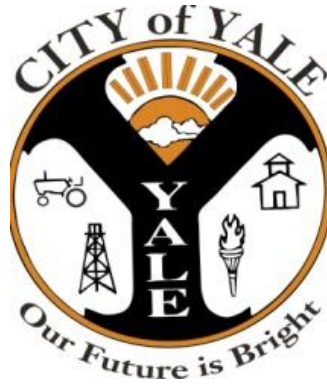
I, _____ DO HEREBY APPLY FOR THE AVERAGE MONTHLY PAYMENT PLAN AND DO UNDERSTAND AND AGREE TO ABIDE BY ALL THE TERMS AND CONDITIONS OF THIS PROGRAM AS SET FORTH ON THIS PAGE ATTACHED HERETO AND MADE A PART HEREOF THIS AGREEMENT.

BY SIGNING THIS DOCUMENT, I AM ALSO ACKNOWLEDGING THAT I HAVE RECEIVED A COPY OF THIS COMPLETE AGREEMENT.

CUSTOMER ADDRESS

CUSTOMER SIGNATURE

DATE



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

CUSTOMER NAME: _____

SERVICE ADDRESS: _____

12 MONTHS PRIOR BILLING TOTAL: _____

AMP TOTAL DUE (EXCLUDING TAXES): _____

CUSTOMER NOTIFICATION:

DATE _____ STAFF _____ VIA _____

ACCEPTED: YES _____ NO _____