CITY OF ALAMOGORDO

Application for Budget Billing

Budget Billing allows you to pay a fixed amount on your water consumption each month, removing the month to month fluctuations caused by changing seasons, usage, or other factors. The Budget Billing Plan is only available for water services; sewer and garbage fees are not subject to budget billing.

_____   _____
Customer Name   **UB Account Number**

_____
Street Address (must match service address)

_____
City   State   Zip

_____
Telephone Number

To qualify for Budget Billing:
   a) **Owner occupied residential water accounts only.**
   b) **Applicant may not operate a business or engage in commercial activities on the property**
   c) **Must have at least twelve (12) consecutive months of service with City water utility.**
   d) **Payment history must not include more than two late payments in the past twelve (12) months.**
   e) **Must not have any municipal liens on property.**
   f) **Smart Meter must be installed.**

To calculate the budget amount, we use your average consumption during the past twelve months and calculate that average with current rates and approved rate increases. Your account will be reconciled every March. This evaluation reconciles actual consumption charges to the actual amount you have paid. The billing for this month will indicate any balance due or credit balance based on the reconciliation. The monthly amount for the next year will be adjusted accordingly.

In the event your account becomes delinquent while on the Budget Billing Plan, or, you no longer meet the eligibility requirements you will be automatically removed from the Plan and will be required to pay any balance due in full with the next regular monthly bill. When an account is terminated, a final bill will be processed and will reflect a balance due or refund based on the reconciled account balance.

I have read and understand the above statements. Please evaluate my account for the Budget Billing Plan.

_____   _____
Customer Signature   Date

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For Office Use Only

Date:_____   Reviewed By:_____   Approved:_____   Disapproved:_____

# of Penalties & Dates: _____

Monthly Bill: _____   Water:_____   Sewer:_____   Trash: _____

Settlement Month: _____