

## **Elberton Utilities**

P. O. Box 70 230 N. McIntosh St. Elberton, Georgia 30635-0070 www.elbertonutilities.net 706-213-3278

## **Levelized Billing Application and Agreement**

Date:	Service Representative:			
Customer's Name:				
Account Number:				
Street Address:				
City:	State:	Zip Code: _		
Home Telephone Number:				
s this the residence of a homeown nomeowner named on the account		□ Yes	□ No	
Has this account been delinquent in	n the past 12 months?	□ Yes	□ No	
Water	Electricity		□ Levelized Billing - Natural Gas □ No	
The applicant understands that by the authority to request levelized provided by Elberton Utilities to application, the applicant also contidentified by the application and the This agreement does not change a Elberton for any and all utility server for levelized billing in this agreem beginning on a standardized month the current month's usage plus the	d billing of the electricity, the premises identified in the premises identified in the premises identified in the premise that they are in residence at the prior agreement entered vices except for the nature of the identification. Under this agreement contingent on the type of	water, and/or nain this application ner of the residenthis specific location into by the application of the billing of the nt, the City will characterize being level	atural gas service. By signing the ce of the resident in.  Tant and the City services approve arge the applicant in the control of the contro	
If the applicant is requesting level billing calculation will commence will commence with the June bill.	_			
* Customers must have their bill	when paying in order to i	remain in the leve	lized program. '	
City of Elberton	Custome	r Name (Type or Prin	it)	
Ву:				
Customer Service Representat		er Signature		