



CITY OF HOISINGTON

Fed. I.D. 48-6012386

109 E. 1st

P.O. Box 418
Hoisington, KS 67544

620-653-4125
FAX 620-653-2767

**APPLICATION FOR
LEVELIZED PAYMENT OF UTILITY BILLS**

NAME: _____

ADDRESS: _____

ACCOUNT NO: _____

I wish to go on the levelized payment plan for utilities for the above account effective
_____, 20____.
(Month)

I understand if my plan is not paid by the fifteenth (15th) of each month the levelized
payment agreement is null and void and any balance on the account is due in full.

Date: _____

Signature: _____

Accepted by: _____