

CITY OF THORNTON

BUDGET BILLING APPLICATION

Please complete this form, print it, and bring to the Utility Billing Office along with proof of ownership for the premise.

OWNER'S NAME : _____ DATE: _____

OCCUPANT'S NAME: _____ DATE: _____

SERVICE ADDRESS: _____

TELEPHONE NUMBER:	Owner (daytime) _____	Owner (home) _____
	Occupant (daytime) _____	Occupant (home) _____

BUDGET BILLING ACCOUNT NUMBER: _____

I have read the attached guidelines for the budget billing program, and agree to the conditions contained within. Regardless of occupancy, the owner of the premise shall remain responsible for all water service charges attributed to the premises. (Thornton Municipal Code Section 74-122)

Owner's Signature

Tenant's Signature

DO NOT WRITE BELOW THIS LINE

Proof of ownership checked: _____

Budget billing units: _____

Settlement months: _____