



124 South State Street
Ephrata, PA 17522

Office: (717) 738-9222
Fax: (717) 733-4062

www.ephrataboro.org

I, _____, do here with request participation in the budget
billing option for my residence located at _____ where I am
() the owner or () the tenant*.

*Owners Name _____

I understand that this program will begin with the next available billing and will continue until:

1. I elect to terminate this option by informing the Borough Business Office in writing.
2. I move from this location.
3. My payment is not received in the Borough Business Office by 5:00 pm on the due date.

Should this option be terminated due to one of the above situations, the next bill produced will reflect the total due. Any balance unpaid after the due date specified will be penalized according to Borough policy.

Signature

Daytime Phone Number

Date

- OFFICE USE ONLY -

Account # _____

Received By _____ Date _____

Entered By _____ Date _____

Terminated By _____ Date _____