



## Longmont Power & Communications Budget Billing Plan Request

Name \_\_\_\_\_ Date \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone Numbers: Home \_\_\_\_\_  
Work \_\_\_\_\_

Please place my account on the Budget Billing Plan. I have read and understand the Rules and Regulations.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Required for processing