

**CITY OF RED BUD**  
**APPLICATION FOR BUDGET BILLING FOR MUNICIPAL UTILITY SERVICE**

DATE: \_\_\_\_\_

NAME-if married application should be in the names of both spouses and signed by both spouses:

1. \_\_\_\_\_ 2. \_\_\_\_\_

SOC SEC#: \_\_\_\_\_ SOC SEC #: \_\_\_\_\_

Account Number: \_\_\_\_\_ Phone No: \_\_\_\_\_

Address: \_\_\_\_\_ Red Bud IL

Length of time at above address? \_\_\_\_\_

Owner's name and address of premises to be served: \_\_\_\_\_

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I (We), the undersigned, hereby make application for Budget Billing for purposes of paying for Municipal Utility Service from the City of Red Bud, Illinois, which I (We) am(are) presently receiving.

I (We), the undersigned, understand that the Budget Billing amount is based on the past utility services received from April 1 thru March 30 or Sept 2 thru Aug 31 for the residence, commercial and/or industrial building which was served.

Furthermore, I (we), the undersigned, understand and agree that once a year in January, the City will review the amount of the Budget Billing and revise said Budget Billing if needed. This will insure that the payment set forth in the Budget Billing will keep pace with the actual energy charges that have been experienced.

Furthermore, in April, I (we), the undersigned, understand that the Budget Billing amount will be audited and if the equal payments are different than the actual charges, then I (we), the undersigned, agree to pay any difference if the actual energy cost is over and above the budget payments and/or I (we), the undersigned, will receive a credit from the City to be applied to the next month's utility bill(s). If I (we), the undersigned, cease to receive utilities from the City of Red Bud, then an audit of the actual costs of utilities will be determined and if an amount is due to the City of Red Bud, I (we) will pay said amount upon notification to the City of Red Bud to turn off said utility(ies) and/or will receive a credit from the City of Red Bud for any over payment. Said over payment shall be paid to the person or persons whose names is(are) set forth in the undersigned application.

This application shall not be binding upon the City of Red Bud until execution by both parties and acceptance shall be subject to the ordinances and rules and regulations enacted by the City from time to time.

I (we) the applicant(s) understand and agree that I (we) shall be responsible to pay all bills for Utility Services rendered on or before the last day of business of the month and that on failure to make full payment thereof of the Budget Billing as determined herein, the City reserves the option to terminate said utility services. The applicant(s) hold(s) the City of Red Bud, Illinois free, harmless and indemnified for any damages or injury to applicant(s') building and/or to the applicant(s) and his, her or their family member(s), tenant(s), guest(s) and/or invitee(s) if service is disconnected for non-payment of the Budget Billing. Applicant(s) hereby authorize(s) City to disconnect the utility services from applicant(s) premises for failure to pay the Budget Billing in a timely manner

The applicant(s) agree(s) to abide by and accept all of the provisions of the Municipal Code of the City of Red Bud, Illinois.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Monthly Budget Billing Amount

\_\_\_\_\_  
City Acceptance