

# STANTON COUNTY PUBLIC POWER DISTRICT BUDGET BILLING AGREEMENT

Date of application: \_\_\_\_\_

Customer Name: \_\_\_\_\_

Account number: \_\_\_\_\_

Service Address: \_\_\_\_\_

By signing this agreement, you acknowledge that you have read and understand the terms of the District's Budget Billing Procedures and you agree to abide by said procedures as they exist and as they may be amended from time to time.

Customer Signature:

\_\_\_\_\_

Stanton County Public Power District Approval:

\_\_\_\_\_

Date: \_\_\_\_\_

**Budget amount due:** \_\_\_\_\_

**Date to begin:** \_\_\_\_\_

**Budget amount due:** \_\_\_\_\_

**Date to begin:** \_\_\_\_\_

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