



LANSDALE BOROUGH
Equal Pay Billing Application & Agreement
please submit to 1 Vine Street, Suite 201, Lansdale, Pa 19446
or email completed form to certs@lansdale.org

One Vine Street
 Suite 201
 Lansdale, Pa 19446

Phone: 215-368-1691
 Fax: 215-361-8393
 Web: www.lansdale.org

Name: _____

Address: _____

City, State, Zip: _____

Account Number: _____

Phone: _____ Alternate Phone: _____

I hereby authorize the Borough of Lansdale (Borough) to enroll me in the Equal Pay Billing Program until I notify the Borough otherwise in writing.

I understand that the Equal Pay Billed amount is calculated based on kilowatt usage during the previous twelve month period.

The Borough has the right to deny me privilege of participation in this program if at any time the monthly balance is not paid by the due date. Payment arrangements are not available while on this program.

If removed from the program due to failure to maintain payments, account holders may re-enroll after a period of six months, penalty free.

By signing this agreement, I/we acknowledge that I/we understand and agree with the above statements.

*****Please note that all names listed on the electric utility account MUST sign to enroll in the Equal Pay Billing Program*****

Signature _____

Signature _____

Signature _____

Date _____

For Borough Use Only

Accept Decline

Removed By: _____

Reason(s) why and/or attached forms

Processed By _____ Date _____