



Request Form Utilities Equal Payment Plan

Date: _____

Account: _____

Name: _____

Address: _____

I have reviewed the utilities history report on the above account. I understand the formula used for estimated monthly payments. I am aware of the possible necessary adjustments at the end of the year.

Please have this account activated as an equal payment account in the amount of: \$_____per month.

Authorized signature: _____

Town Manager: _____

Please return to:

Town of Rangely
209 E. Main Street
Rangely, CO 816418
Phone: (970) 675-8476 Fax: (970) 675-8471