**Utility Payment Schedule Arrangement for Military Service Personnel, LMC Model Form**

*Helpful background information on this model may be found in “*[*Securing Payment of Utility Charges”*](https://www.lmc.org/resources/securing-payment-of-utility-charges/)

**This icon marks places where the city must customize the model. They offer additional provisions, optional language, or comments for your consideration. The icon, and language you do not wish to include, should be deleted from this model before use. Make other changes, as needed, to customize the model for your city.**

\_\_\_\_\_\_\_ City Utilities

\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_

*If you do not print this on letterhead the city should add the name, address and phone of its city utilities department.*

**Payment Schedule Arrangement Form for Military Service Personnel**

\_\_\_\_\_\_\_ City Utilities Customers \_\_\_\_\_\_\_ City Utilities Acct #: \_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_20\_\_\_\_\_\_\_

PLEASE PRINT:

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone (\_\_\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Alternate Phone (\_\_\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_

Total Amount Owing $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Total Annual Household Income $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of persons in household (including yourself) \_\_\_\_\_\_\_\_

**AN APPLICATION RECEIVED WITHOUT COPIES OF YOUR INCOME INFORMATION AND PROOF OF MILITARY ORDERS WILL BE CONSIDERED INCOMPLETE AND YOU WILL NOT RECEIVE SHUT-OFF PROTECTION.**

Source of Income—please select appropriate items:

\_\_\_\_Your payroll stubs for the past two months

\_\_\_\_Pension/Retirement benefits statements

\_\_\_\_Other

\_\_\_\_A current copy of your unemployment benefits

\_\_\_\_Income Tax Returns for the previous year

\_\_\_\_Social Security/Social Security Disability

\_\_\_\_AFDC/MFIP (MN Family Investment Program) Medical Assistance Statement

\_\_\_\_General Assistance

Check if any of the following exists in your home:

\_\_\_\_Medically necessary equipment

\_\_\_\_Medical Emergency

\_\_\_\_Medical Assistance Statement

**CALL** \_\_\_\_\_\_\_ **CITY UTILITIES AT** \_\_\_\_\_\_\_ **WITHIN 14 CALENDAR DAYS AFTER SUBMITTING THIS NOTICE TO VERIFY YOUR STATUS AND TO MAKE ANY NECESSARY PAYMENT ARRANGEMENTS.**

*Insert the name of your city utility and provide the phone number.*

I acknowledge that I have received, read, and understand the enclosed rules for Military Personnel. I attest the above information is true and correct.

Customer Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_

Please complete and mail this form and copies of income and proof of military orders to:

\_\_\_\_\_\_\_ City Utilities

\_\_\_\_\_\_\_

\_\_\_\_\_\_\_, MN \_\_\_\_\_\_\_

*Insert the name and address where form and documentation should be sent*.