



CITY OF BURNET • UTILITY BILLING
APPLICATION FOR PAYMENT EXTENSION
PLEASE PRINT

P.O. Box 1369
1001 Buchanan Dr, Suite 4
Burnet, TX. 78611
Phone (512)756-6093
Fax (512)756-8560
Email utilities@cityofburnet.com

DATE OF REQUEST: _____ ACCOUNT NUMBER: _____

UTILITY SERVICE ADDRESS:	
PRIMARY APPLICANT NAME (First MI Last): (As listed on the initial connection application)	
MAILING ADDRESS (if different from service address):	
PRIMARY PHONE:	SECONDARY PHONE:
EMAIL:	
AMOUNT OWED:	REQUESTED EXTENSION DATE:
PREVIOUSLY APPLIED FOR EXTENSION: <input type="checkbox"/> Yes <input type="checkbox"/> No	DATE PREVIOUSLY APPLIED:

CHECK ONE: ☐ **Homeowner** (or buying) ☐ **Renter** How long: _____ Years _____ Months

List All Household Members:		
	Name (First MI Last)	Date of Birth
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		

List the number beside each household member who has received income in the last 30 days. If employed, include only income actually earned in the last 30 days:		
No.	Source of Income	Amount Received

Additional on back of form ➡ Total Income: \$



Reason assistance is needed: _____

Have you exhausted all other sources of community help before submitting this application ☐ Yes ☐ No

If yes, who have you contacted for help? _____

PRIMARY APPLICANT CERTIFICATION

I certify that the information provided is true and correct to the best of my knowledge and belief.

PRIMARY APPLICANT SIGNATURE _____ DATE _____

ORDINANCE NO. 2002-04

NOW, THEREFORE, BE IT ORDAINED BY THE CITY COUNCIL OF THE CITY OF BURNET, TEXAS, THAT;

Section 110.6, (f)

"Current customers experiencing difficulties paying the current utility bill may make written request for accommodations from the utility department prior to disconnection to permit 20 additional days to pay the current utility account provided the customer has not made such a request in the past 12 months, enters an agreement to pay the full sum within not more than 20 days, and demonstrate one of the following:

- (1) The customer has a medically needy individual in the residential household and the customer needs additional time to secure the financial resources; or
- (2) The utility bill was more than 25 percent greater than the highest bill in the last 12 months and the customer needs additional time to secure the financial resources. Only the city manager may approve the agreement."

FOR OFFICIAL USE ONLY

I have verified the information provided above and declare that the applicant is:

☐ Eligible ☐ Not Eligible

COB DESIGNEE SIGNATURE _____ DATE _____

ACTION TAKEN: _____
