



**City of Ottawa
Average Monthly Payment (AMP)
Enrollment/Cancelation Form**

I hereby request to be [enrolled in] or [canceled from] the City of Ottawa Average Monthly Payment Plan.

If enrolled, I understand I will pay an average payment which will fluctuate based on the average of the current utility bill and the past eleven (11) months utility bills. If I move during the plan year, I will be billed for the balance on my account.

I agree that if I wish to cancel your enrollment in the AMP plan a \$10 cancelation fee may be assessed by the City of Ottawa for administrative purposes.

I further understand that the City of Ottawa may automatically discontinue my enrollment in this program due to non-payment or late payment of any utility bill or other infractions of rules regarding utilities and the plan qualifications.

Please print the following information:

Name: _____

Address: _____

Phone#: _____

How long have you resided at your current address? _____

Signature: _____ Date: _____

For Office Use Only:

Customer Number: _____ Date Received: _____

Revised 06/21/2013

Initials: _____