



Complete and Return to:
City Collector
City of Jackson
101 Court Street
Jackson, MO 63755-1807

TERMINATION OF BUDGET/LEVEL BILLING

Date: _____

Account(s): _____

Name: _____ Phone: _____

Location: _____

I, _____, wish to terminate participation in the budget/level billing program for the above address. I understand that budget/level billing is a voluntary program and may be terminated by the customer or the City by written notice. Once terminated, budget/level billing can not be reinstated for a period of at least 12 months at this location by the same account holder.

Account Holder's Signature

City Representative's Signature