

APPLICATION FOR AVERAGE MONTHLY PAYMENT PLAN
City of Mannford, Oklahoma

Customer

I, _____, own property at _____,
(Print Customer Name)
and request that I be approved to be eligible for the City of Mannford "Average Monthly Payment" (AMP) Plan.

Applicant's Signature

Date

(Office Use Only)

Criteria & Verification*

YES NO

_____ _____ Applicant is a property owner and owns the property where this application is being made.

_____ _____ The account is currently paid in full.

_____ _____ The City of Mannford has at least the past 12-month history on the applicant's property and shows no late payments.

_____ _____ Applicant understands that they will be dropped from the plan if they are ever delinquent in their payment.

City Hall Staff Signature

Date

Approval

Finance Director

Date

*The City of Mannford reserves the right to verify the above information at any time in the future and remove eligibility for the "Average Monthly Payment" Plan if the customer is no longer in compliance with the criteria set forth on approval.