



## CITY OF BONNERS FERRY

7232 Main Street  
P.O. Box 149  
Bonners Ferry, Idaho 83805  
Phone: 208-267-3105 Fax: 208-267-4375

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### Request to Begin Budget Billing

Name \_\_\_\_\_

Service Address \_\_\_\_\_

Phone Number \_\_\_\_\_

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

City, State, Zip \_\_\_\_\_

I understand that Budget Billing is based on average charges of the previous 12 months. I agree to pay my bill by the due date of every month.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date