



KENNEBUNK LIGHT & POWER DISTRICT

A CONSUMER OWNED UTILITY SINCE 1893

Budget Billing Request Form

KLPD Account #: _____

Customer Name: _____

Service Address: _____

Customer Phone #: _____

Desired Monthly Payment: \$ _____

Signature: _____ Date: _____

To be added to the Budget Billing Program, your account must be in good standing. The budgeted monthly payment is determined by the average of 11 months of bills for the service location. Other factors may be taken into consideration when determining your budget billing amount.

Please send request to: damoling@kpld.org or kdemarre@kpld.org