



Budget Payment Plan Application

Name _____

Address _____

Phone _____ BLP Account # _____

Yes! Please enroll me in the Budget Payment Plan beginning next June. I agree to all stipulations set forth in the Board of Light and Power's Budget Payment Plan information.

Customer's Signature

Date

Mail or drop this form off at:
Marquette Board of Light and Power
2200 Wright Street
Marquette, MI 49855

You will be contacted by either mail or phone during the month of June to confirm your enrollment.