



# BOARD OF PUBLIC WORKS

CITY OF HANNIBAL

OFFICE 573-221-8050  
FAX 573-221-7522  
[www.hannibalbpw.org](http://www.hannibalbpw.org)

## ELECTRIC, WATER AND SEWER DEPARTMENTS

3 INDUSTRIAL LOOP DRIVE • PO BOX 1589 • HANNIBAL, MISSOURI 63401-1589

## LEVEL PAYMENT PLAN POLICY

The purpose of this plan is to provide eligible customers with an equalized monthly billing plan.

### ELIGIBILITY REQUIREMENTS

- Residential or Commercial Customer with an average bill under \$1,000.00.

### LEVEL PAYMENT AMOUNT

- Annual KWH and Gallons divided by 12, becomes the factors for calculation the level payment amount.
- Accounts are evaluated in August of each year. Level payments may be increased or decreased depending on actual usage during the previous 12 months.

### LATE PAYMENTS

- A 10% penalty based on the level payment amount will be assessed if payment is received after the delinquent date.

### CANCELLATION PROVISIONS

- Either party may cancel the provisions of this contract at any time.
- Customer cancellation must be in writing 30 days from the cancellation date.
- In the event of cancellation of the contract, any outstanding balance must be paid in full within sixty (60) days of cancellation.
- Late payments warrant immediate cancellation of level payment contract by the Board of Public Works.
- Canceled level payment customers may re-apply after a 12 month waiting period. Level payment amount will then be recalculated at that time.
- Any account disconnected for non-payment of service will be removed from the Level Payment Plan.

### CLOSING OF SERVICES

- Upon receipt of final bill total, amount becomes due and payable.

Remember, lower utility bills can only be achieved by conserving usage. Level payment does not lower your utility bill. However, it does provide a method to budget your monthly expenses.



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### LEVEL PAYMENT PLAN

#### HANNIBAL BOARD OF PUBLIC WORKS

DATE: \_\_\_\_\_

CUSTOMER NAME: \_\_\_\_\_

CUSTOMER TELEPHONE NUMBER \_\_\_\_\_

SERVICE ADDRESS: \_\_\_\_\_  
Hannibal, MO 63401

MAILING ADDRESS: \_\_\_\_\_

ACCOUNT #: \_\_\_\_\_

THIS CERTIFIES THAT I HAVE READ A COPY OF THE LEVEL PAYMENT GUIDELINES AND HAVE FULLY REVIEWED, UNDERSTAND, AND ACCEPT THE PAYMENT AMOUNT FOR THE PLAN YEAR. ADJUSTMENTS MAY BE NECESSARY AT THE END OF THE PLAN YEAR FOR OVER OR UNDER PAYMENTS. I HEREBY REQUEST THE BOARD OF PUBLIC WORKS TO PLACE MY ACCOUNT ON THE LEVEL PAY PLAN.

**SIGNED:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

Please sign and return the Level Payment contract with your next billing statement or send to:

Hannibal Board of Public Works  
Attn: Billing Department  
PO Box 1589  
Hannibal, MO 63401-1589