



216 S Vine St
El Dorado, KS 67042
316-321-9600

**COLD WEATHER RULE CONTRACT
(NOVEMBER 1 – MARCH 15)**

Name: _____ Account # _____

Address: _____ City, State, Zip _____

Current Bill: _____

Past Due Bill: _____

Deposit: _____

Total Bill: _____

Initial Payment (1/3): _____ Date: _____

Agencies contacted for assistance: _____

PLEASE HAVE THESE AGENCIES CONTACT OUR OFFICE FOR VERIFICATION.

I agree to make the following payments plus my current bill, before the delinquent date, until March 15th in compliance with the Cold Weather Rule.

Payment 1: _____ plus current bill Date: _____

Payment 2: _____ plus current bill Date: _____

Payment 3: _____ plus current bill Date: _____

Payment 4: _____ plus current bill Date: _____

Payment 5: _____ plus current bill Date: _____

Payment 6: _____ plus current bill Date: _____

I understand that if I am late with one payment, I will be in default of my agreement and my TOTAL BILL will be due in full, and my service will be subject to disconnection or the installation of a Service Limiting Device.

Member/Spouse

Date

Employee