

City of Boerne  
PO Box 1677  
Boerne, Tx 78006  
Attn: Billing Department

Account # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

I hereby request the cancellation of the Average Monthly Payment Plan procedure on my utility account as of date: \_\_\_\_\_.

I realize I must give written notification of cancellation of the AMP procedure at least twenty (20) days prior to the due date of my bill.

**The account will be settled at the time of cancellation and be reflected on your next bill as a credit or balance due on the account.**

I realize I will not be eligible for Average Monthly Payment Plan to be reinstated on my account for the next six (6) months.

\_\_\_\_\_ Date \_\_\_\_\_

Signature

Contact us: phone: 830-249-9511 fax: 830-248-1120 web: [www.ci.boerne.tx.us](http://www.ci.boerne.tx.us)

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