



UTILITY PAYMENT EXTENSION

DATE _____

NAME _____ ACCOUNT NUMBER _____

ADDRESS _____ PHONE _____

REASON FOR REQUEST _____

PAST DUE _____

CURRENT _____

TOTAL _____

PAST DUE AMOUNTS MUST BE PAID BEFORE THE 15TH OF THE MONTH

I AGREE TO PAY MY BILL AS FOLLOWS:

PAST DUE AMOUNT _____ DATE I AGREE TO PAY _____

I understand that by signing this form, I have relinquished my rights for any further delinquent notification and that future notices will not relieve me of these arrangements. I understand that **FAILURE TO PAY** by the specified date on this form **WILL CAUSE THE CITY TO DISCONTINUE MY WATER SERVICE** at the specified address on this form. I understand that additional fees will be charged for any water service reconnection. This extension will not eliminate penalties being imposed.

SIGNATURE _____ DATE _____