



PAYMENT EXTENSION REQUEST

ACCOUNT #: _____ DATE: _____

ACCOUNT NAME: _____

SERVICE ADDRESS: _____

HOME PHONE: _____ WORK PHONE: _____

PAST DUE AMOUNT: _____ TIME NEEDED TO PAY: _____

Extensions may be granted once every twelve calendar months

The customer named above agrees to pay the following amounts on the listed due dates. These amounts must be paid along with the current amount due each month. Agreed amounts must be paid in full. Partial payments of the agreed upon amounts are not acceptable and will result in disconnection. (Arrears will automatically appear as a "Past Due Amount" and there will be a \$15 late fee until all past due amounts are paid.)

DATE TO PAY _____ PAYMENT AMOUNT \$ _____

DATE TO PAY _____ PAYMENT AMOUNT \$ _____

The customer agrees to meet the above arrangements and understands that failure to comply will result in interruption of utility service. Extension form must be signed and returned to this office for approval prior to cut-off day.

Customer Signature _____ Date _____

City Representative _____ Date _____

CITY USE ONLY

Bills: _____ Cut-offs: _____ NSF Checks: _____

Penalties: _____ Prior Arrangements: _____