

For office use only
 # ___ of 4 arrangements per year
 ___ failed arrangements
 _____ Staff

Payment Arrangement Agreement for Delinquent
 Water Accounts

**MAXIMUM OF 4 PAYMENT ARRANGEMENTS ALLOWED PER YEAR AND
 SUBJECT TO THE APPROVAL OF THE CITY SECRETARY OR OFFICE MANAGER**

Date of Request: _____
 Account Number: _____
 Account Name: _____
 Account Address: _____
 Phone Number: _____
 Amount of Delinquency: _____
 Reason for request of extension:

Date(s) and conditions for payment

Date	Amount
_____	_____
_____	_____

I, _____, do hereby request an extension of time for the reason cited above. I understand the dates and conditions for the extension of time. I further understand that failure to pay by the dates specified in this agreement will result in the immediate disconnection of my water service and said service will not be reconnected until all delinquency charges have been paid in full.

Driver's license # _____

Signature

Date

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I, Marvin Gregory/Paula Luck, as the authorized City Official in charge of reviewing and approving payment arrangements for past due water bills do hereby: Approve Not Approve

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 Entered into system by:

 On:
 ____/____/____

 City Official

 Date