

Payment Extension Request

Customer Name: _____ Acct. #: _____

Customer Address: _____

Reason for Payment Extension: _____

Requested Date to pay bill: _____

_____ I understand that if I do not pay my bill by the requested date, that my water services will be disconnected until my past due amount and any fees associated with the bill, are paid.

Customer Signature

Date

Office Personnel Signature

Date

Office Use Only			
Billing Cycle	Original Due Date	Original Disconnect Date	Amount Owed
_____ Approved _____ Denied - Reason for denying: _____			

