City of Toledo
130 North 2nd Street • PO Box 236 Toledo Washington 98591
Phone: 360.864.4564

CITY OF TOLEDO

Payment Arrangement Request Form

Date: _____

Account Number: _____

Account Holder Name: _____

I, _____, request to make a payment arrangement for my water/sewer service with the City of Toledo.

I agree to pay:

- Number of Payments: _____
- Payment Amount: $ _____
- Final Payment Amount: $ _____
  Final Payment Due No Later Than: _____ (date)

Acknowledgements

Please initial each line:

_☐_ I understand that by signing this agreement, I have 30 days to bring my account into good standing or I will be charged a delinquency fee.

_☐_ I understand that if this amount is not paid in full by the close of business on the agreed-upon date with City Hall, my service will be disconnected on the next business day.

Account Holder Signature: _____

Date: _____

Utilities Clerk Signature: _____

Date: _____

Updated 2026