RED OAK, TEXAS

REQUEST FOR PAYMENT EXTENSION

Name: _____ Address: _____

Account Number: _____ Phone Number: _____

Length of extension/date payment can be made: _____

Have you been allowed a payment extension in the past 12 months? ___ YES ___ NO

Reason for request:

_____

_____

_____

_____

Signature: _____ Date: _____

Failure to maintain this payment arrangement will result in a $40 delinquent fee being assessed to your account, your water services will be disconnected without notice, and you will no longer be eligible for payment arrangements/extensions.

FOR OFFICE USE ONLY

APPROVED DENIED

Explanation:

_____

_____

Signature: _____ Date: _____

Please attach transaction history to each request.