EXTENSION REQUEST FORM

DATE: _____

ACCOUNT #: _____

SERVICE ADDRESS: _____

CUSTOMER INFORMATION

PRIMARY NAME: _____

HOME PHONE: _____

_____ I understand that I will be charged the 10% penalty after the due date.

_____ I understand that I have three **(3)** extensions per calendar year.

_____ I understand that this payment is due on or before the 1st (cycle 1) or 17th (cycle 2) of the month following the due date.

_____ I understand the balance must be paid IN FULL or my account will be subject to disconnection and penalties.

Please return to the City of Elgin Utility Billing Department
310 N Main St
Email to dnavejas@ci.elgin.tx.us

IF THE DUE DATE FALLS ON A DATE THAT THE CITY OF ELGIN OFFICES ARE CLOSED (A WEEKEND OR HOLIDAY) YOU CAN STILL, MAKE YOUR PAYMENT AFTER HOURS BY UTILIZING THE NIGHT DROP BOX AT CITY HALL OR VIA THE WEBSITE AT WWW.ELGINTX.COM

_____
DATE

_____
SIGNATURE

FOR OFFICE USE ONLY

_____ Extension Granted

_____ # of extensions remaining

_____ Initials processed