

UTILITY PAYMENT EXTENSION FORM

Date _____

Account _____

Name _____

Address _____

Phone _____

Reason for payment extension (Code Section 52.119):

Payment Schedule:

Due Date	Amount	Paid Date
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

TOTAL

You will continue to receive a regular monthly bill for water usage. You must pay in full your monthly bill in addition to your payment schedule itemized above. If payment is not received, the extension will be terminated and water may be discontinued until the full balance of the account

I have read and understand all provisions of this utility payment extension form.

Jill Grise, Finance Director

Owner Tenant Signature

Jeff Sheridan, Manager