



Utility Payment Agreement

The Town provides offers a payment plan for customers who cannot pay their utility bills, with payment plans not to exceed six (6) months in duration and no more than two (2) requests in a 24 month period The request will be reviewed by the Utility Billing Supervisor and approved by the City Manager / Mayor.

Date: _____ Customer Account #: _____

Name: _____
First Name Last Name

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____
Home Cell Work

Reason for Payment Plan: _____

Past Due Charges: \$ _____ Current Charges: \$ _____

Total Balance Due: \$ _____

Monthly Payment Amount: \$ _____

Customer Signature: _____

For Office Use Only:

- Approved
- Not Approved

Official Signature: _____