Utility Bill Extension Request

Today's Date: _____

Customer Name: _____

Account Number: _____

Service Address: _____

Amount Due: _____

Original Due Date: _____

Extension Due Date: _____

Office Use Only

FAILURE TO PAY THE **TOTAL AMOUNT BY 5PM** ON THE AGREED UPON DAY
MAY RESULT IN DISCONNECTION OF SERVICE, AS WELL AS A $25 SERVICE CHARGE

I understand that extensions are only offered before my disconnection date.

I am aware that I am allowed 2 extensions per calendar year, and that failure to complete
the first extension will void eligibilty for a second.

I futher understand that not paying the full amount by the agreed upon date may result in service being
disconnected the following business day. If my service is disconnected, I understand that all amounts due will
need to be paid in full before reconnection can occur. Per City Ordinance, the account's deposit amount may be
subject to adjustment, to meet current deposit requirements.

I AGREE TO THE TERMS AND CONDITIONS OUTLINED IN THIS EXTENSION REQUEST

_____   _____
Customer Signature   Date

_____

For Office Use Only

Entered in system by: _____

Date entered: