



817-616-3800

***** ALL PAST DUE BALANCES ARE SUBJECT TO PENALTIES *****

~ EXTENSION AGREEMENT ~

Service Address _____

Account # _____

Phone Number _____ *Cell Home Work Other*

I need an extension on my water bill in the amount of \$ _____

I will pay the full past due amount on _____. **See Note Directly Below*

***It is the responsibility of the person that fills out this form to contact the Utility Billing Department and verify the date they can have on this extension.**

Service will be disconnected without notice if agreement is broken and will not be restored until past due amount and all service charges are paid in full.

This agreement does not stop any penalty charges from being applied to your account.

I understand that if I do not keep my agreement, service will be terminated and no further arrangements may be approved.

I understand that a \$21.00 charge will be applied to my account if I re-extend this extension agreement.

NAME _____ Signature _____

DATE _____

THIS FORM MAY BE FAXED TO 817-616-3803 or BROUGHT TO CITY HALL UTILITY DEPARTMENT.