



PAYMENT ARRANGEMENT FORM

IF YOU CAN NOT PAY YOUR FULL WATER/SEWER BILL AND NEED TO MAKE PAYMENT ARRANGEMENTS TO PREVENT DISCONNECTION, FILL OUT THIS FORM IMMEDIATELY AND RETURN IT FOR CONSIDERATION TO CARLTON CITY HALL.

DATE: _____ NAME: _____

PROPERTY ADDRESS: _____

HOME PHONE: _____ ALT. PHONE: _____

ACCOUNT #: _____ AMOUNT DUE (from shutoff notice): _____

TOTAL ANNUAL (yearly) INCOME: _____

NUMBER OF PERSONS IN HOUSEHOLD: _____

PAYMENT SCHEDULE

Please note, arrangements are not final until approved by City Clerk/ Treasurer

I WILL MAKE PAYMENTS ACCORDING TO THE FOLLOWING SCHEDULE UNTIL MY ACCOUNT HAS BEEN PAID IN FULL. I UNDERSTAND THAT **IF I FAIL TO MAKE MY SCHEDULED PAYMENT AS PROMISED, THE CITY OF CARLTON WILL DISCONNECT MY WATER/SEWER SERVICE WITHOUT FURTHER NOTICE. ALL PAYMENTS MUST BE MADE BY 4:00 PM.**

\$ _____ DATE: _____

\$ _____ DATE: _____

\$ _____ DATE: _____

\$ _____ DATE: _____

\$ _____ DATE: _____

OFFICIAL USE

PAID: _____ DATE: _____

PAID: _____ DATE: _____

PAID: _____ DATE: _____

PAID: _____ DATE: _____

PAID: _____ DATE: _____

Customer Signature

Date

OFFICIAL USE

APPROVED BY: _____ DATE: _____ NOT APPROVED: _____ DATE: _____