



CITY OF ROSEBUD
PAYMENT EXTENSION AGREEMENT FORM

Name: _____ Account #: _____

Service Address: _____ Phone Number: _____

Owner: ___ YES ___ NO Renter: ___ YES ___ NO Commercial: ___ YES ___ NO

Amount Due: \$ _____

Amount Due With Extension: \$ _____ Date Agreed To Pay Full Amount: _____

If agreement is not fulfilled utility services at the address listed above will be discontinued until full payment of account and reconnection payment is received.

Agreement Signature of Person Customer: _____

Date: _____

Approval Signature of City Employee: _____

Date: _____

PLEASE BE ADVISED THAT WHEN SIGNING THIS AGREEMENT FORM YOU ARE ACKNOWLEDGING THAT YOU ARE AWARE THAT YOU CANNOT RECEIVE ANOTHER EXTENSION FOR 6 MONTHS FROM THE SIGNED DATE OF THE AGREED PAYMENT FORM.

ALL FORMS MUST BE SIGNED BY ACCOUNT HOLDER.