

CITY OF HALLSVILLE

202 Hwy 124-E. • P.O. Box 170 • Hallsville, Mo. 65255 • Phone: (573) 696-3885 • Fax: (573) 696-0605 • Open Monday-Friday 8:00 - 12:00 and 1:00 - 5:00

WRITTEN PAYMENT AGREEMENT

I, _____
(Name on Account)

of _____
(Service Address)

do hereby make the following written payment agreement for the utility bill that is past due at the above address in the amount of: _____.

I agree to pay the past due amount with the following payment arrangement: _____

This arrangement is in addition to paying my current monthly bill no later than the 10th of each month. If I fail to make the payment arrangement as agreed upon, the water and/or sewer service will be disconnected and will not be reconnected until such time the full payment of the past due amount is paid in full plus a \$25.00 re-connect fee. Water will be turned on during regular business hours of Monday-Friday 8-12 or 1-5. The afterhours reconnect fee is \$50.00.

Signed:

Utility Customer

Date

City Administrator

Date