

CARROLL COUNTY WATER DISTRICT #1

Time Payment Plan Agreement

Date _____
 Name _____
 Account # _____

Account Balance Due: \$ _____
 Additional Fees Due: + \$ _____
 Subtotal: \$ _____
 Payment made: - \$ _____
 Balance Unpaid: \$ _____

CANCELLED
JAN 0 1 2020
 KENTUCKY PUBLIC
 SERVICE COMMISSION

I, the undersigned, agree to pay the Water Company the amount of \$ _____ on his/her unpaid balance according to the following:

\$ _____ on _____
 \$ _____ on _____
 \$ _____ on _____
 \$ _____ on _____

I agree to have the past due amount and all current bills paid in full no later than _____. I understand that if my payments are not made according to the terms of this agreement my service will be **DISCONNECTED WITHOUT FURTHER NOTICE!**

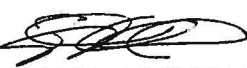
A return check, received on the above account at anytime, will result in discontinuance of service without notification. Should it be necessary to disconnect for this reason, FULL AMOUNT of the payment agreement, plus the current bill and service charges must be paid IN FULL in order for service to be restored. Disconnection/Reconnection fees will be applied accordingly.

Customer's Signature _____ Date _____

Employee _____

 FOR CCWD USE ONLY:

Cash	Check	Date	Amount	Balance Due
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Additional Notes
**PUBLIC SERVICE COMMISSION
 OF KENTUCKY
 EFFECTIVE
 8/24/2005
 PURSUANT TO 807 KAR 5:011
 SECTION 9 (1)**
 By  _____
 Executive Director