

PARTIAL PAYMENT AGREEMENT

DATE: _____

NAME OF CUSTOMER: _____

ACCOUNT NUMBER: _____

AMOUNT OF DELINQUENT BILL: _____

I (we) _____ promise to pay in addition to the current monthly bill the above past due amount in _____ monthly installments of _____ each. I understand that my water service will be discontinued if I fail to pay my regular monthly bill in addition to my monthly installment on the _____ day of each month, beginning on the _____ day of the month of _____, in the year of _____.

Customer's Signature: _____

Utility Employee Witness: _____