

REQUEST FOR EXTENSION

NAME: _____

ADDRESS: _____

DAYTIME PHONE: _____

ACCOUNT: _____

I am requesting an extension for payment of my water bill due
_____.

**EXTENSIONS ARE NOT GRANTED PAST THE 10TH OF EACH MONTH
UNLESS PRIOR APPROVAL.
ONLY ONE EXTENSION WILL BE GRANTED EACH MONTH.**

This bill in the amount of _____ will be paid in full on _____
By 3:00 PM. Payment must be made at the counter. NOT IN THE DROP BOX.

Signed: _____

Approved by : _____

Date: _____

Service will be discontinued if the bill is not paid by the agreed date and time.

This request must be submitted in person or by fax (402-426-4195) and approved by 3:00PM prior to disconnect day.