



YOUR UTILITY BILL IS PAST DUE

Account Number _____

Name: _____

Address _____

Phone: _____

To avoid shut off please fill in the following form:

Total Amount Due* \$ _____

Payment Plan I am agreeing to:

Paid _____ \$ _____

**Balance of Amount Due
Must be Paid by** _____ \$ _____

IF PAYMENT PLAN IS NOT MET, THE CITY OF PELICAN RAPIDS WILL IMMEDIATELY SHUT OFF WATER.

Customer Signature _____ Date: _____

If water is shut off, you will need to pay entire bill, current and delinquent plus all fees before water service will be restored.

The City of Pelican Rapids offers automatic payments. You will receive a statement in the mail providing you with the amount of the deduction. The forms are available at City Hall or can be found on our website www.pelicanrapids.com