

Utility Bill Payment Extension Application

A maximum of two (2) extensions will be granted per calendar year.

Must meet qualifications and can only extend amount of deposit on file.

I, _____, request an extension of for the payment of my City of Bellville utility bill dated _____. I will pay the total balance (including penalty) of \$_____ by _____ by 4:00 p.m. (not to exceed five CALENDAR days from the due date as shown on the FINAL NOTICE).

PLEASE INITIAL EACH LINE

_____ I understand that if I fail to pay the full balance by the above mentioned date, I am subject to the immediate cutoff without further notification.

_____ I understand that due to the amount of my outstanding balance, I am required to pay \$_____ on or before the FINAL due date. The balance will be due by the above mentioned date.

_____ I understand that once disconnected the balance must be paid in full in addition to the \$20.00 reconnection fee per disconnected service. Utilities will not be restored until such payments have been made.

_____ I understand I am allowed only two extensions per calendar year. This is my _____ extension. I understand that under NO circumstances will an extension be granted on this extension.

In witness whereof, I have hereunto set my hand on the _____ day of _____, A. D., 20_____.

Customer Signature

Account Number

Phone Number

Approval Signature

City Administrator