

DELAVAN WATER & SEWER COMMISSION  
123 S. Second Street  
P.O. Box 465  
Delavan, WI. 53115  
262-728-5585  
Fax 262-728-4566  
[www.ci.delavan.wi.us](http://www.ci.delavan.wi.us)

DEFERRED PAYMENT AGREEMENT FOR UTILITY SERVICE ARREARS

ACCOUNT NUMBER \_\_\_\_\_ TELEPHONE NUMBER \_\_\_\_\_  
CUSTOMER NAME \_\_\_\_\_  
SERVICE ADDRESS \_\_\_\_\_  
MAILING ADDRESS \_\_\_\_\_  
CITY, STATE, ZIP CODE \_\_\_\_\_

The undersigned hereby agrees to pay the charges incurred for utility services supplied at the following address:

For period ending (date of bill) \_\_\_\_\_ Total Amount Due \_\_\_\_\_  
Total Amount to be paid in installments \_\_\_\_\_

\$ \_\_\_\_\_ on \_\_\_\_\_ \$ \_\_\_\_\_ on \_\_\_\_\_  
\$ \_\_\_\_\_ on \_\_\_\_\_ \$ \_\_\_\_\_ on \_\_\_\_\_  
\$ \_\_\_\_\_ on \_\_\_\_\_ \$ \_\_\_\_\_ on \_\_\_\_\_  
\$ \_\_\_\_\_ on \_\_\_\_\_ \$ \_\_\_\_\_ on \_\_\_\_\_

**The agreed installments plus the current bills shall be paid by due dates.**

It is agreed that upon default of any installment, the entire balance will become due and service may be disconnected upon ten (10) days written notice. Upon default, nothing herein shall constitute a waiver of the rights on the part of the Utility to collect the unpaid balance or to prevent it from exercising its right to disconnect service because of such delinquency. In the event service is disconnected, the utility may require a deposit under PSC 185.36 to insure payment of future bills.

**YOU HAVE THE RIGHT TO SUGGEST A DIFFERENT PAYMENT AGREEMENT. IF YOU BELIEVE THE TERMS OF THIS AGREEMENT ARE UNREASONABLE, DO NOT SIGN IT. IF YOU SIGN THIS AGREEMENT, YOU AGREE THAT YOU OWE THE AMOUNT DUE UNDER THE AGREEMENT. IF YOU AND THE UTILITY CANNOT AGREE ON TERMS, YOU MAY ASK THE PUBLIC SERVICE COMMISSION 1-800-225-7729 TO REVIEW THE DISPUTED ISSUES. SIGNING THIS AGREEMENT DOES NOT AFFECT YOUR RESPONSIBILITY TO PAY FOR YOUR CURRENT SERVICE. ALLOWING ANY BILL FOR CURRENT SERVICE TO BECOME DELINQUENT PLACES YOU IN DEFAULT OF THIS AGREEMENT.**

Customer Signature \_\_\_\_\_ Date \_\_\_\_\_

Water & Sewage Commission Representative \_\_\_\_\_ Date \_\_\_\_\_