

Extension # _____

City of Udall

Application for Customer Utility Payment Extension

The undersigned, whether one or more, hereinafter referred to as CUSTOMER, applies to City of Udall, Kansas, hereinafter referred to as CITY, for and extension of Utility Payment. This agreement is in addition to and in conjunction with a signed Utility Billing Agreement with the CITY.

In consideration of the acceptance of this application by the CITY rendering of such service, the CUSTOMER agrees and grants as follows:

1. CUSTOMER requests payment for their current month's utility bill for services rendered to the address below be extended to _____.
(extension date)
2. Failure to pay utility bill IN FULL by the address agreed upon above will result in discontinuance of utility services with no reconnection until bill is paid in full and appropriate deposits and reconnect fees are paid.
3. CUSTOMER will be allowed three (3) extensions per 12 month period. Extensions will not be consecutive.
4. CUSTOMER is not currently on the Level Payment program, (i.e. ineligible for application for extensions)

Service Address _____ Date _____

Name (Print) _____ Signature _____

Phone Number _____ Social Sec No. _____

Any and ALL other adult occupants: _____

Witness or Notary _____ (stamp)

City of Udall
110 South Main / P.O. Box 410 / Udall, Kansas 67146
Voice 620-782-3512 Fax 620-782-3474 <http://www.cityofudall.com>