

City of Celeste
P.O. Box 399
Celeste TX. 75423

Extension To Pay Request

Account Name: _____

Account # _____

Today's Date: _____

Date requesting to pay (**May not go into next month**): _____

Address: _____

Amount Due: \$ _____

I am requesting an extension to pay my water bill. I understand I am obligated to pay my bill in full no later than **close of business (3:00PM) on the "Requested Date to Pay"**. If I do not pay by that time I understand my water service will be disconnected and a reconnect charge of \$65.00 during business hours or \$300.00 after hours will be added to the amount of my bill due and must be paid in full before service is resumed.

I understand I am eligible for a limited number of extensions in a six month period.

If I default on this agreement (pay after date requested), I understand that I will **NOT** be able to request another extension for one year.

Customer Signature

Printed Name