



**UTILITY PAYMENT EXTENSION FORM
CITY OF VALLEY CENTER**

_____	_____
NAME	DATE
_____	_____
ADDRESS	ACCOUNT NUMBER
_____	_____
TELEPHONE	PAST DUE
_____	_____
DRIVER'S LICENSE #	CURRENT
_____	_____
	TOTAL

PHONE: _____

EMPLOYER NAME: _____

REASON FOR REQUEST: _____

PAST DUE AMOUNTS MUST BE PAID BEFORE THE 15TH OF THE MONTH.

I AGREE TO PAY MY BILL AS FOLLOWS:

PAST DUE AMOUNT: _____

DATE I AGREE TO PAY: _____

I understand that by signing this form, I have relinquished my rights for any further delinquent notification and that future notices will not relieve me of these arrangements. I understand that **FAILURE TO PAY** by the specified date on this form **WILL CAUSE THE CITY TO DISCONTINUE MY WATER SERVICE** at the specified address on this form. I understand that additional fees will be charged for any water service reconnection. This extension will not eliminate penalties being imposed.

SIGNATURE: _____