



Utility Department
Will Pay Agreement

Date: _____

Account Number: _____

Name: _____

Service Location: _____

Phone Number: _____

Amount Due: _____

Payment Due Date: _____

Information Taken By: _____

I acknowledge that the above utility account is delinquent at this time and subject to shut off. This agreement is an extension to pay the above delinquent account. I have read and I agree to the above payment arrangements. I understand that failure to pay the **total** amounts by the above due date will result in the **water service being shut-off without further notification**. Additional charges will be assessed.

Please sign and return this form to the City of Grangeville.

Signature: _____

<i>Office Use Only</i>	Paid
Notes: _____ _____ Action Taken: ____ Approved ____ Denied	