



TOWN OF MEAD SEWER
CUSTOMER REQUEST FOR APPROVAL OF PAYMENT ARRANGEMENT

Name: Utility Billing Account Number:

Utility Service Address: Telephone #:

For the reasons stated below I am requesting payment arrangement on my account (please describe the extenuating or extraordinary circumstances that the Town should consider in determining whether the payment arrangement is justified). Please also suggest any terms of repayment you would like us to consider

Signature:

Date:

Town USE ONLY

Total Balance due:

Previous payment arrangement dates;

Previous arrangements fulfilled?

Approved / Disapproved

Date:

Employee's Initials