## Bloomfield Utility Department

PO Box 388 W1100 Town Hall Rd PELL LAKE, WI 53157-0388 Phone: (262) 279-6039 Ext 2 Fax: (262) 279-3545

## **DEFERRED PAYMENT AGREEMENT**

| THIS AGREEMEN                            | NT MUST BE FILL                            | ED OUT AND TURN                                  | ED IN BY THE DUE I                                                                                         | DATE OF THE BILL.                  |
|------------------------------------------|--------------------------------------------|--------------------------------------------------|------------------------------------------------------------------------------------------------------------|------------------------------------|
| "Amount Due" not the second (at least    | he "After Due Date<br>east 25%). The new b | Pay" amount.) The coalance of \$                 | bill is \$ustomer agrees to pay along with a 3% to pay off the remaining                                   | a down payment of<br>6 interest of |
| Starting Balance                         | Due Date                                   | Payment Due                                      | Payment Made                                                                                               | New Balance                        |
|                                          |                                            |                                                  |                                                                                                            |                                    |
|                                          |                                            |                                                  |                                                                                                            |                                    |
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|                                          |                                            |                                                  |                                                                                                            |                                    |
|                                          |                                            |                                                  |                                                                                                            |                                    |
| PLEASE INITIAL                           | EACH LINE SHO                              | OWING YOU AGRE                                   | EE TO THE FOLLO                                                                                            | WING:                              |
|                                          |                                            |                                                  | nt or future sewer and ed above by the dates l                                                             |                                    |
| disconnection notice immediately or your | will be sent. Once<br>service will be disc | in default, the entire peonnected. If your serve | our agreement to go into<br>past due balance will be<br>vice is disconnected, it<br>es and reconnection fe | t shall only be                    |
| Allowing any bill for                    | r current service to                       | become delinquent pu                             | its you in default of th                                                                                   | is agreement                       |
| Date of Agreement:                       |                                            | Name:                                            |                                                                                                            |                                    |
| Address: Phone Number:                   |                                            |                                                  |                                                                                                            |                                    |
| Account Number:                          |                                            | Signature:                                       |                                                                                                            |                                    |

## MUST BE PAID IN FULL BEFORE NEXT QUARTERLY READ.

You have the right to suggest a different payment agreement. If you believe the terms of this agreement are unreasonable, DO NOT SIGN IT. If you and the utility cannot agree on terms, you may ask the Public Service Commission to review the disputed issues. If you sign this agreement, you agree that you owe the amount due under the agreement. Signing this agreement does not affect your responsibility to pay for your current service. Allowing any bill for current service to become delinquent places you in default of this agreement. Per PSC Administrative Code 185.38