



## Utility Extension Authorization Agreement

Please Print

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Name (as it appears on utility bill)

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Address

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City, State, Zip

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Cell Phone

Home Phone

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Place of Employment

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Employment Phone

Account # \_\_\_\_\_ Balance \$ \_\_\_\_\_

Payment Date \_\_\_\_\_

An extension has been granted for your utility payment. The balance will be paid in full by the due date. If extension request is not honored as agreed, utilities will be disconnected, a \$50.00 dis-connect fee will be charged and no other extensions will be granted within a 12-month period.

**Extensions maybe granted for accounts less than one month past due. Payments will be extended for up to two (2) weeks.**

I agree to the above terms and understand that standard late fees will be charged per ordinance on any outstanding balance. I acknowledge that if the terms are not met as stated above, my service will be disconnected and my account will be charged an additional dis-connect fee of \$50.00 and service will not be reinstated until payment is received in full.

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Customer Signature

Date

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Approval

**\*\*\*\*\*NOTE: ONLY 4 (FOUR) EXTENSIONS WITHIN A 12 MONTH PERIOD\*\*\*\*\***

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