

**CITY OF KENTON WATER DEPARTMENT
 PAYMENT ARRANGEMENT
 555 W. FRANKLIN ST.
 KENTON, OHIO 43326
 419-673-1324**

Account #: _____ Service Address: _____

Name: _____ Phone: _____

Property Owner Name & Address: _____

Property Owner Phone #: _____ Property Owner Approval Date: _____

Past Due Amount: _____ Total Current Balance: _____

I agree to the following payment plan: _____
 (For Office Use Only)

\$ _____	on/by _____	yes _____	no _____
\$ _____	on/by _____	yes _____	no _____
\$ _____	on/by _____	yes _____	no _____
\$ _____	on/by _____	yes _____	no _____

Notes: _____

I understand if I do not keep the above arrangement, my water/sewer services will be terminated immediately and my copy of this arrangement serves as notice. If services are terminated for failure to keep this arrangement, I understand an additional fee of \$50.00 will be added to my account. I also understand if my services are terminated, the entire balance of my account, including the above additional fee, must be paid in full in order for services to resume.

I understand if I fail to keep this arrangement, I will not be able to make payment arrangements for the remainder of the year. I will notify the water department if extenuating circumstances arise and I need to modify this agreement. I must notify the water department prior to the above agreed date.

The water department may require the approval of this agreement by the property owner.

If this agreement is not kept, services will be terminated on the next business day following the missed payment.

Signed: _____ Print Name: _____

Date: _____ Water Department: _____