

# **PAYMENT PLAN**

CITY OF CLARKSDALE WATER DEPT.

**PERSON RESPONSIBLE FOR ACCOUNT:** \_\_\_\_\_

**ADDRESS OF WATER METER** \_\_\_\_\_

As the person responsible for this account, I agree to the following plan, in order to pay up the current delinquent amount of \_\_\_\_\_ and keep the water on at my property. I understand that this agreement is not binding until approved by the City Council at their next regular meeting.

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**I agree to pay the regular monthly amount due, by the 15<sup>th</sup> of each month, plus \$ \_\_\_\_\_ minimum per month toward the overdue amount. I will continue with this plan until the overdue amount is met.**

**I UNDERSTAND THIS AMOUNT MUST BE PAID OFF WITHIN 6 MOS.**

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**I UNDERSTAND THAT IF THIS PLAN IS NOT FOLLOWED, THE WATER TO THIS METER WILL BE SHUT OFF WITHOUT FURTHER NOTICE.**

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Agreed together with: \_\_\_\_\_

Tina Good, City Clerk

Approved by City Council, date: \_\_\_\_\_