



****This arrangement supersedes any monthly bills until completed****

Date: _____ Account #: _____

Customer: _____
Last First Middle Initial

Address: _____ St. George, UT

Can be reached telephone number: _____
Work Cell Residence

Email Address: _____

Service of one or more of the utilities supplied to you by the City of St. George is scheduled to be terminated in the very near future on a date which has previously been provided you. You have now requested that termination of service be postponed to give you opportunity to pay the arrearage.

Based on your promise to pay the full balance of \$ _____ plus any accruing fees, the following schedule confirms our arrangement.

- 1.) Amount \$ _____ Due by _____
- 2.) Amount \$ _____ Due by _____
- 3.) Amount \$ _____ Due by _____
- 4.) Amount \$ **CURRENT BILL** plus fees Due by _____ * _____ Initial

The payment (s) of the full amount due **must** be received before 5 pm in our office by the due date. **By signing below, you acknowledge that no one residing at the above address has any health or medical condition that necessitates electrical service. You further understand and agree that if payment is not made as required by the agreement, utility service will be terminated the following day without any notice being given to you.** (_____) If service is terminated, there will be a \$25.00 fee to have service reconnected if paid by **4 pm**. Otherwise you will be assessed an after hour charge of \$50.00

This agreement is for the amount(s) listed above, and **does not** include any future amounts that may become past due after today. Late fees will continue to accrue on the unpaid balance. Arrangements are non-transferrable to another address. Full past due balance must be paid in order to transfer services.

Checks will not be accepted towards a payment arrangement agreement. Under these situations, acceptable payments are in the form of cash, credit card, cashier's check or money order, only. (____)

Customer Signature: _____ Date: _____

City of St. George Representative: _____ Date: _____

ARRANGEMENTS NOT KEPT WILL RESULT IN A DISCONNECT. IF DISCONNECTED YOUR ACCOUNT MUST BE PAID IN FULL TO RECONNECT _____ INITIAL

1 PAYMENT ARRANGEMENT PER YEAR _____ INITIAL
MISTINA (435) 627-4707
BRENDA (435) 627-4744