



Tontitown Water Utility
Post Office Box 127
201 E Henri de Tonti Blvd
Tontitown, AR 72770
PH: 479-361-2700 Billing@tontitownar.gov

Utility Payment Extension Agreement

DATE _____ CYCLE # _____
NAME _____
ADDRESS _____
ACCOUNT # _____

I agree to make payment in full, in the amount of \$_____ on or before _____.

I understand that I may request an extension agreement once every three months up to fourteen days. I further understand that failure to comply with this Extension Agreement will result in the disconnection of utility service without further notice.

I understand that it is my responsibility to call the water department and verify approval/disapproval of this request.

| | | |
|------------------------------|--------------------|-------|
| Employer _____ | _____ | _____ |
| Social Security Number _____ | Customer Signature | Date |
| Home Phone _____ | _____ | _____ |
| | Approved By | |