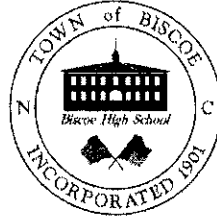


TOWN OF BISCOE

110 West Main Street P.O. Box 1228 Biscoe, N.C. 27209 Phone (910) 428-4112 FAX (910) 428-3975 www.townofbiscoe.com



TOWN OF BISCOE PAYMENT PLAN AGREEMENT

Payment Agreement

Date of Agreement: _____

Due Date of Repayment: _____

Total Amount Due: _____

Amount to be paid per month: _____

Terms of the Agreement

I _____, am unable to pay my Town of Biscoe Utility Bill in full at this time due to a
(print name)
water leak at _____
(Address: City, State, Zip)

I understand that failure to pay as stated will result in my water being disconnected and reconnection* will not be made until the full amount owed, plus a \$35.00 reconnect fee is paid.

*Reconnections are only made Monday thru Friday before 3:00 pm.

Signed

_____	_____
Customer's Signature	Date

Customer's Printed Name	
_____	_____
Approved by Signature	Date

Approved by Title	