



Town of Biscoe

110 West Main Street, Biscoe, North Carolina 27209
(910) 428-4112 ph. / (910) 428-2914 fax

Payment Plan Agreement

Date of Agreement: _____

Due Date of Repayment: _____

Total Amount Due: _____

Monthly Payment Due: _____

(Note: This amount does not include the current month's bill, which must also be paid on time.)

Account Holder's Name: _____

Service Address: _____

I, _____, certify that I am unable to pay my utility bill in full at this time due to a water leak at the address provided above. I understand that failure to comply with the agreed payment terms will result in water service disconnection. Reconnection will require payment of the full amount owed plus a \$35.00 delinquency fee. Reconnections are only made Monday through Friday before 2:30 PM.

Account Holder's Signature:

Date:

Account Holder's Name Printed:

Town Representative's Signature:

Date: