



CITY OF MANSFIELD

817-276-4200

*****ALL PAST DUE BALANCES ARE SUBJECT TO PENALTIES*****

~ EXTENSION AGREEMENT ~

Service Address _____

Account # _____

Phone Number _____ *Cell Home Work Other*

I need an extension on my water bill in the amount of \$ _____

I will pay the full past due amount on _____ **See Note Directly Below*
***It is the responsibility of the person that fills out this form to contact the Utility Billing Department and verify the date they can have until on this extension.**

Service will be disconnected if agreement is broken and will not be restored until past due amount and all service charges are paid in full.

This agreement does not stop any penalty charges from being applied to your account.

I understand that if I do not keep my agreement, service will be terminated and no further arrangements can be made.

I understand that a \$15.00 charge will be applied to my account if I re-extend this extension agreement.

NAME _____ **Signature** _____

DATE _____

**THIS FORM MAY BE FAXED TO 817-473-0178
or
BROUGHT TO CITY HALL UTILITY DEPARTMENT.**

Paid _____ DNKA