

# PEA RIDGE WATER DEPARTMENT

**ALL PAYMENT EXTENSION REQUESTS MUST BE RECEIVED BY THE WATER OFFICE NO LATER THAN THE 24<sup>TH</sup> BEFORE 4:30 PM OF THE MONTH REQUESTING**

**PLEASE PRINT**

DATE: \_\_\_\_\_ ACCT. # \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ AMT. TO BE PAID: \_\_\_\_\_

**I PROMISE TO PAY BY 2:00 PM THE LAST BUSINESS DAY OF THE MONTH. I AM RESPONSIBLE FOR MAKING SURE THIS IS RECEIVED BY THE WATER DEPT BY THE 24<sup>TH</sup> OF THE MONTH**

**NO EXCEPTIONS**

**SIGNATURE** \_\_\_\_\_

**THIS CAN BE DROPPED IN THE NIGHT DROP, BROUGHT IN THE OFFICE OR SENT BY EMAIL.**

**PLEASE BE SURE TO VERIFY IT HAS BEEN RECEIVED**

**OFFICE USE ONLY**

APPROVED BY: \_\_\_\_\_

REG # \_\_\_\_\_

Location \_\_\_\_\_