



PAYMENT EXTENSION REQUEST

ALL PAYMENT EXTENSION REQUESTS MUST BE RECEIVED BY THE WATER OFFICE NO LATER THAN THE 25TH BEFORE 4:30 PM OF THE MONTH REQUESTING REQUESTS CAN BE E-MAILED TO HBURLESON@CITYOFPEARIDGEGAR.GOV

DATE: _____ ACCT. # _____

NAME: _____

ADDRESS: _____

PHONE: _____ AMT. TO BE PAID: _____

EXTENSION DATE: **LAST BUSINESS DAY OF THE MONTH BY 2:00 PM**

SIGNATURE: _____

BY SIGNING THIS REQUEST I AM AGREEING TO PAY BY 2:00 PM THE LAST BUSINESS DAY OF THE MONTH. IF PAYMENT IS NOT RECEIVED WATER WILL BE DISCONNECTED.

I AM RESPONSIBLE FOR MAKING SURE THIS IS RECEIVED BY THE WATER DEPT BY THE 25TH OF THE MONTH