PEA RIDGE WATER DEPARTMENT

ALL PAYMENT EXTENSION REQUESTS MUST BE RECEIVED BY THE WATER OFFICE NO LATER THAN THE 24TH 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 RESPONIBLE FOR MAKING SURE THIS IS RECEIVED BY THE WATER DEPT BY THE 24TH 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