

City of Big Sandy

Utilities Department

Water/Sewer/Sanitation

PO Box 986 ~ Big Sandy, Texas 75755

903.636.4343 ~ 903.636.4413 fax

utilityclerk@bigsandytx.gov



Application for Extension for Utility Bill Payment

	Date:	Account #:
Name:	Last:	First:
Name:		
Phone #:	Home:	Cell:
Service Address:		
Email Address:		

Please read the following conditions of this agreement and sign below. Your signature indicates that you have read, understand and agree to all conditions, and that all the above information is correct.

1. If this extension is granted, the customer agrees to pay the City of Big Sandy Water/Sewer Department the amount of \$_____, plus a \$25 extension fee for a total of \$_____. **This amount must be paid in full before _____ (the first business day of the next month) or disconnection of service will occur.**
2. If the customer fails to uphold this Extension Agreement, utility service can be disconnected and will not be reconnected until the customer pays the past due balance plus a \$40 Delinquent Fee.

Customer Signature: _____ Date: _____

Received by: _____ on _____ at _____.

Approved Denied _____

City of Big Sandy Representative