

**CITY OF AUMSVILLE
595 MAIN STREET
AUMSVILLE, OR 97325
Phone: 503 749-2030
Fax: 503 749-1852**

WATER & SEWER DUE DATE EXTENSION REQUEST

Date Filed: _____ ACCT #: _____
_____ Owner / _____ Renter* DUE DATE (15TH) _____
Amount Due: _____
(Include \$3 Late Fee)

DATE EXTENDED TO: _____
To be paid by 9:00 AM

AND/OR PAYMENT PLAN: DATE: _____ AMOUNT _____
DATE: _____ AMOUNT _____
DATE: _____ AMOUNT _____

NAME: _____
PROPERTY ADDRESS: _____
REASON FOR REQUEST: _____

IF NOT PAID AS STATED ABOVE, WATER WILL BE SHUT OFF.
THIS FORM SERVES AS YOUR NEW MINIMUM 72 HOUR SHUTOFF NOTICE. AN ADDITIONAL \$30.00 RECONNECT FEE WILL BE CHARGED TO RESUME SERVICE, IF SHUT OFF FOR NON-PAYMENT.

Approved by: _____ Customer Signature _____
Date: _____ Phone: _____
_____ CHECK IF NEW PHONE NUMBER

***Renters are required to complete the following worksheet:**

Amount of extension = _____
(This is the amount due now.)
Late Fee = _____
Present month's bill amount = _____
(amount to be billed on 1st)
Estimated Accrual to Extension Date = _____
(daily rate x # of days after the 1st of next month)
Total Estimated Amount Extended = _____
Less Deposit on File = _____
= _____
(must be .00 or credit balance)

ANYTHING OVER .00 MUST BE PAID OR MUST BE APPROVED BY PROPERTY OWNER