



Utility Billing Department

Payment Plan Contract

Name: _____

Address: _____

Current Balance: _____ Payment Amount: _____

Date I Promise to make Payment: _____ Phone Number: _____

Email: _____

I am unable to pay my monthly utility bill at this time. I am applying for a payment plan agreement contract so I may continue services at my residence listed above. I also understand that if my agreed payment is not paid by noon on the above stated date my service will be disconnected without any further notice, and the full balance including a \$50 service fee must be paid before service can be restored. If a payment plan contract is broken the City of Ozark will relinquish my ability to extend bills in the future.

In signing this document, I certify that I have read the above terms and do fully understand the agreement set forth above. I also agree that the City of Ozark may hold me solely liable for any charges extended here in, regardless of my affiliation to said property.

Signature: _____ Today's Date: _____