

CITY OF LEETON
PO BOX 87
LEETON, MO 64761

AGREEMENT CONTRACT:

NAME: _____

ADDRESS: _____

AMOUNT DUE: _____

DATE I WILL MAKE PAYMENT BY: _____

I'm unable to pay my monthly water/sewer bill at this time. I am applying for an agreement contract so I may continue water/sewer service at my residence. I understand that if I do not make payment by noon on the above stated date that my service will be disconnected without further notice. I also understand that if this agreement is broken that my total bill will have to be paid in full plus a \$40.00 re-connect fee before my service will be restored. I understand that only my past due amount is on this agreement and that my future monthly water/sewer bills are to be kept current.

Once an agreement is broken I am not eligible to make another agreement with the City of Leeton. This written and signed agreement will be kept on file at the City of Leeton City Hall.

TODAY'S DATE: _____

CUSTOMER'S SIGNATURE: _____

SIGNATURE OF CITY REPRESENTATIVE: _____