

LAVALETTE PUBLIC SERVICE SISTRICK  
5308 ROUTE 152  
LAVALETTE WV 25535  
Tel. 525-3771 Fax 525-1796

Date \_\_\_\_\_

DEFERRED PAYMENT FOR WATER LEAKS

I, \_\_\_\_\_ agree to pay the Lavalette Public Service District \_\_\_\_\_ (weekly or monthly) as payment on my past due account. I also agree that while paying this payment I will keep up with my current water bill. If at any time I do not meet my obligation to the Lavalette Public Service District this agreement will become VOID and my water meter will be pulled for non-payment. At this time, I will pay a \$20 reconnect fee and will no longer be eligible for the Deferred Payment Plan.

\_\_\_\_\_  
CUSTOMER NAME

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
ACCOUNT NUMBER

\_\_\_\_\_  
WITNESS