



VILLAGE OF LAKEVIEW
315 S. LINCOLN AVENUE / P.O. BOX 30
LAKEVIEW, MI 48850

MONTCALM COUNTY

OFFICE 989.352.6322

FAX 989.352.6378

DELINQUENT WATER/SEWER ACCOUNT PAYMENT AGREEMENT

Name & Address: _____ Service Address: _____

Phone: _____

I/we _____ agree to pay the delinquent amount owing for water and/or sewer services at the above address in the amount of \$ _____ in payments as shown below.

<u>PAYMENT DATE</u>	<u>AMOUNT</u>	<u>DATE PAID</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Failure to resolve this debt in accordance with the above terms will result in the disconnection of service within 24 hours of the last payment date. Service will not be restored until delinquent bill, plus a penalty fee of 10% of the past due amount, and the turn off/turn on fees (\$50.00).

I hereby acknowledge receipt of this information and that a completed copy of this form has been provided to me.

Name: _____
Date: _____

IMPORTANT – IF MAILING PAYMENTS, PLEASE ALLOW 5 DAYS FOR PAYMENT TO REACH US BY PAYMENT DATE. THANK YOU.

Please include your service address on all payments.

ARRANGEMENT KEPT _____
DEFAULTED _____

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"The Village of Lakeview is an Equal Opportunity Provider & Employer"