

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 (10TH) _____
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 _____
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 worksheet on back.**

RENTER'S EXTENSION WORKSHEET

Amount of extension = _____
(This is the amount due now.)

Late Fee = _____

Present month's bill amount = _____
(Amount to be billed on 1st of month)

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**