

Route: # _____

APPLICATION FOR PAYMENT ARRANGEMENTS
WITH
CABOT WATERWORKS

Name: _____ Date: ____/____/____

Phone #: _____ Account: # _____

Service Address: _____

Total amount to be paid: \$ _____ Date to be paid by: ____/____/____

A \$25.00 DISCONNECT STATUS FEE WILL BE ADDED IF PAYMENT ARRANGEMENTS ARE NOT KEPT, AND WATER SERVICE WILL BE DISCONNECTED UNTIL FULL PAYMENT IS RECEIVED.

I AGREE TO THE TERMS OF THIS ARRANGEMENT. IF I DO NOT FULFILL THIS ARRANGEMENT I WILL NO LONGER BE ELIGIBLE FOR FUTURE PAYMENT ARRANGEMENTS AND MY WATER SERVICE WILL BE DISCONNECTED. IN THE EVENT THAT THIS SHOULD OCCUR, I AGREE TO PAY MY BILL IN FULL BEFORE THE RESTORATION OF WATER SERVICE.

Signature of Applicant: _____ Date: _____