

# Extended Due Date

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, WATER SERVICE WILL BE DISCONNECTED UNTIL FULL PAYMENT IS RECEIVED.**

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**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: \_\_\_\_\_