



HARTLAND WATER & SEWER DEPT.
210 COTTONWOOD AVENUE
HARTLAND WI 53029
262.367.2714
FAX 262.367.2430
www.villageofhartland.com

DEFERRED PAYMENT AGREEMENT

ACCOUNT NUMBER _____ PHONE NUMBER _____

CUSTOMER NAME _____ E-mail _____

SERVICE ADDRESS _____

TOTAL AMOUNT DUE ON WATER AND SEWAGE ARREARS \$ _____

In lieu of paying the total amount today, the undersigned hereby agrees to make partial payments as set forth in the Payment Schedule below:

BALANCE DUE MUST BE PAID IN FULL PRIOR TO THE BEGINNING OF THE NEXT QUARTER.

\$ _____ on date: _____

If you enter into a deferred payment agreement and you fail to make the timely payments that you agreed to, your service will be subject to disconnection.

- **YOU HAVE THE RIGHT TO SUGGEST A DIFFERENT PAYMENT AGREEMENT;**
- **IF YOU BELIEVE THE TERMS OF THIS AGREEMENT ARE UNREASONABLE, DO NOT SIGN IT;**
- **IF YOU AND THE UTILITY CANNOT AGREE ON TERMS, YOU MAY ASK THE COMMISSION TO REVIEW THE DISPUTED ISSUES;**
- **IF YOU SIGN THIS AGREEMENT, YOU AGREE THAT YOU OWE THE AMOUNT DUE UNDER THE AGREEMENT;**
- **SIGNING THIS AGREEMENT DOES NOT AFFECT YOUR RESPONSIBILITY TO PAY FOR YOUR CURRENT SERVICE. ALLOWING ANY BILL FOR CURRENT SERVICE TO BECOME DELINQUENT PLACES YOU IN DEFAULT OF THIS AGREEMENT.**

Customer Signature

Date

Authorized Signature for Water Utility

Date