

# City of Leesburg / City Hall

107 Walnut Avenue North ~ 229-759-6465

## REQUEST FOR EXTENSION

Customer Name: \_\_\_\_\_

Today's Date: \_\_\_\_\_

Service Address: \_\_\_\_\_

Account # \_\_\_\_\_

Phone # \_\_\_\_\_

Amount Past Due \_\_\_\_\_

Plan To Pay Date \_\_\_\_\_

Agree to pay: \_\_\_\_\_

**PLAN TO PAY DATE MUST BE WITHIN 10 BUSINESS DAYS**

**Disconnection Work Order #** \_\_\_\_\_

If PROMISE TO PAY is not kept,  
water will be cut off and a reconnection fee = \$75.00 will be added.

**TOTAL DUE** if extension is not met and water is disconnected \_\_\_\_\_

**If this extension is not met, I understand my services will be cut off.**

\_\_\_\_\_  
*Customer Signature*

\_\_\_\_\_  
*Accepted by*

\_\_\_\_\_  
*Processed by*

\_\_\_\_\_  
*Processed Date*

*Courtesy Call Made by* \_\_\_\_\_

*Date* \_\_\_\_\_