

City of Leesburg / City Hall

107 Walnut Avenue North ~ 229-759-6465

REQUEST FOR EXTENSION

Today's Date: _____

Account # _____

Customer Name: _____

Service Address: _____

Amount Due _____ Plan to pay date _____

Total amount to pay: _____

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 not met and water is disconnected _____

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

Customer Signature