



CITY OF HIALEAH GARDENS
DEPARTMENT OF WATER AND SEWER

13601 N.W. 107TH AVENUE | HIALEAH GARDENS, FL 33018 Phone: (305) 822-3017 Fax: (305) 827-0235

Payment Extension Request

Name: _____ Date Requested: _____

Service Address: _____

Account Number: ____ - ____ - ____ - ____

Phone Number: _____ Email: _____

Last Billing Date: _____ Total Past Due Amount: _____

Please provide reason for extension:

Pay Now Amount:
\$

Payment Amount:	Due Date:

Pay off Date:

By signing below, the customer agrees to the terms herein and set forth in this payment arrangement.

I understand that if the required payment is not made in full by 3:00 pm on the monthly bill due date, your service will be disconnected **without further notice**. If service is disconnected for non-payment, **the entire account balance and reconnection fee** must be paid before service is restored. I understand that my current bill must be made on the due date as stated on the monthly bill. If the account is closed prior to the terms of the payment arrangement being completed, this agreement becomes void and the entire balance will be due on the final bill due date. Closed accounts not paid within 90 days of the final bill due date will be sent to debt collection agencies without further notice. Limit two (2) Payment Extension/ Arrangements per 12 month period.

Signature: _____ Date: _____