



Tontitown Water Utility
Post Office Box 127
155 Fantinel Drive Suite D
Tontitown, AR 72770
PH: 479-361-2996, Fax: 501-421-8774

Utility Payment Extension Agreement

DATE _____ CYCLE # _____
NAME _____
ADDRESS _____
ACCOUNT # _____

I agree to make payment in full, in the amount of \$ _____ on or before _____ .

I understand that I may request an extension agreement once every three months up to fourteen days. I further understand that failure to comply with this Extension Agreement will result in the disconnection of utility service without further notice.

Employer _____
Social Security Number _____
Home Phone _____

Customer Signature _____ Date _____
Approved By _____