



EXTENSION REQUEST

All extension requests will be determined on a case-by-case basis. Preference will be given to extension requests that meet the following criteria:

- Submitted by the account holder or family member.
• Submitted BEFORE the cut-off date.
• Account holder has had service at least 3 months.
• Account holder has no disconnects within the last 6 months.
• Account holder has not had a returned check within the last 12 months.

Account Number: _____

Name on Utility Account: _____

Name of Person Completing Form (If other than account holder): _____

Relation to Account Holder (if applicable): _____

Service Address: _____

Mailing Address: _____

Phone Number: _____

Account Balance: _____ Cut Off Date: _____

Requested Extension Date: _____

Can you pay any amount now? [] Yes [] No

If yes, how much? _____

Reason for Request:

I understand and agree that the entire past-due balance on this account will be paid by 5:00 p.m. on the extension date as approved by the City of Perkins.

I further understand that if payment is not received as indicated above, services will be disconnected without further notice and a \$25.00 disconnect fee will be applied to the account. To restore services, the entire past-due balance plus the \$25.00 disconnect fee and a \$25.00 re-connect fee will need to be paid. I understand that if this extension agreement is broken, no further extensions will be granted for 12 months.

By signing your name below, you are attesting that you are the account holder or that you are acting with the account holder's full knowledge.

Signature _____

Date _____

Office Use Only

[] Approved [] Denied (Reason: _____)

Account #: _____ Payment Amount: \$ _____ Granted Extension Date: _____

Reviewed By: _____

