

# Payment Extension Request Form

Customer: \_\_\_\_\_ Account #: \_\_\_\_\_

Telephone: \_\_\_\_\_ Address: \_\_\_\_\_

By signing the following payment extension request, I affirm that I have read and understand the attached Water Turn-Off Policy for the City of Lovington, New Mexico. Furthermore, I understand that if I fail to adhere to the terms of this policy my water service will be disconnected until which time I pay the balance in full and a \$50 reinstatement fee.

## Extension 1

Payment Due Date: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Extension 2

Payment Due Date: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_