



CUST SVC: (760) 788-2200

FAX: (760) 788-2255

RAMONA MUNICIPAL WATER DISTRICT PAYMENT EXTENSION APPLICATION

TO AVOID DISCONNECTION OF SERVICE, YOUR PAYMENT MUST BE RECEIVED BY 4:00 P.M., IN ACCORDANCE WITH THE TERMS RECORDED BELOW. IF YOUR SERVICE IS SCHEDULED FOR DISCONNECTION, THERE WILL BE A \$50.00 UNLOCK FEE AND A DEPOSIT REQUIRED TO UNLOCK YOUR SERVICE. NO MORE THAN 2 PAYMENT EXTENTIONS PER CALENDAR YEAR WILL BE GRANTED. A DEPOSIT WILL BE REQUIRED DEPENDING UPON THE PAYMENT HISTORY.

NO FURTHER NOTICE WILL BE GIVEN BEFORE YOUR SERVICE IS SCHEDULED TO BE LOCKED _____ (INITIAL)

Account No.: _____

Date: _____

Customer Name: _____

Telephone number: Home: _____ Work: _____ Cell: _____

Service address: _____

I/we hereby request a payment arrangement on the above account with the Ramona Municipal Water District. I/we understand this extension is applicable to the current balance due, plus penalties and fees. It is being made to avoid disconnection of water service.

TERMS

PAYMENT SCHEDULE

<u>BALANCE DUE:</u>	<u>\$</u>	<u>PYMT DATE</u>	<u>AMOUNT</u>	<u>DISCONNECT</u>
Payment on Acct:	\$ _____	_____	\$ _____	_____
		_____	\$ _____	_____
Remaining Balance:	\$ _____	_____	\$ _____	_____
Admin. Fee (\$15.00):	\$ _____	_____	\$ _____	_____
Amount to be paid:	\$ _____	_____	\$ _____	_____

Should this agreement not be paid in accordance with the terms stated above, service for the account will be disconnected; the amount due, plus penalties, fees, interest and a deposit, will be required. Service will not be reconnected until all charges are paid in full.

The unpaid balance of this agreement will show as a "Previous Balance" on the next regular statement. Future charges are due and payable as indicated on the account statement. Accounts may be granted only one extension at a time, which must be satisfied before another extension will be granted. Extensions are granted based on the customer's credit history during the past 12 months; disconnections of service and/or returned payments will void and/or disallow an extension.

Completion of this application by the customer does not imply approval. The appropriate staff person will review the request and notify the applicant of approval. A final approved copy will be given to the customer.

I/we have read and understand the terms of this agreement and agree with the terms:

Signed: _____ Date: _____

Approved by _____ Date: _____