

CITY OF TWO HARBORS
DELINQUENT UTILITIES PAYMENT AGREEMENT

ACCOUNT# _____ ORIG DISC AMOUNT _____

NAME _____ ADDRESS _____

I AGREE TO MAKE A PAYMENT ARRANGEMENT SCHEDULE WITH THE CITY OF TWO HARBORS UNDER THE FOLLOWING CONDITIONS:

1. I agree to pay my current bill on or before the last business day of each month.
CHECK YOUR UTILITY BILL IF ARRANGEMENTS GO INTO 2ND MONTH

2. My delinquent balance must be paid in full (including penalty charges) within 60 days of the notice due date.

NOTICE DUE DATE _____ 60 DAYS MAX DATE _____

DATE	AMOUNT	PAID	COMMENTS	DOOR HANGER
	\$		1ST CURRENT MONTH'S BILL	
	\$		2ND CURRENT MONTH'S BILL	

Please be aware if your utility service is disconnected for non-payment. The account must be paid in full including meter pull fees and a \$400 deposit if required.

SIGNATURE _____

DATE _____